International Co-operation for Social Welfare

By Dr. RENÈ SAND, Secretary, League of Red Cross Societies, Paris

SOME weeks ago, a celebrated London surgeon told me that when convalescent after a short illness, and chatting with his nurse, he tried on her the old question: "What has more eyes than a potato?" Straight as an arrow came the remarkable answer: "Matron." I wish I had as many eyes as that ubiquitous matron so that I would be able to enjoy seeing you all at the same time, the thousands of you to whom I am so deeply indebted for your never-failing kindness, the thousands of you whom with joy and pride I call my friends, the thousands of you who have a record of magnificient achievements, and who are giving such a splendid inspiration not only to this continent but to the world.

I want to insist on that international aspect of your work. However lonesome and forgotten one may feel in a remote place or in a modest circle, what one thinks, what one does, what one strives for, in the long run always means something to the world. Nothing is ever lost among moral values any more than among physical forces. What we give of ourselves sooner or later penetrates into the universal conscience.

We can, however, make this penetration easier and quicker by multiplying international contacts. I hail with joy your decision to hold next year an international conference of social work, not only because it will allow of a general description, comparison, and discussion of the social work in the world, but also because it will develop opportunities for personal visits and exchanges of social workers which will be an ever-increasing source of progress and better understanding everywhere.

International co-operation is still a very frail child, who needs a great deal of attention and care. Men began by fighting each other, then they traded with each other, and it is but very recently that they have attempted helping each other. When I say that commerce was the first agency making for international relations, I want you to remember that in the time of the cavemen trade already swept the continents, as is exemplified by a skeleton which you can see in the Brussels Museum; it belonged to a woman living something like twenty thousand years ago, in that part of Europe which is today called Belgium. Attached to this skeleton is a necklace made of graceful ornamental shells which then were to be found only in the region where Paris now stands. This shows that the far-away ancestors of the modern Rue de la Paix jewelers had already at that time established a wide commercial reputation and set the fashion for Eve.

But international trade between individuals does not mean international co-operation between nations. Of this we see no trace until the last century. The Crusades could perhaps be cited as the first example of common action and the Church Councils as the first assemblies where representatives from various countries met together with equal rights: the bond, however, in these cases was religious, not national, and the co-

operation was more between selected groups than between countries as such.

In fact, the very word "international" was coined by Bentham 150 years ago, and the first really international meeting was a scientific conference held in Germany in 1828. None of the governments, however, decided for common action till 1864, when some of them agreed to create and support jointly an international institute for the exact measurement of the earth. We must allow full credit to science, as we did to trade, for the powerful impulse it gives to international relations. Is it not, however, a very remarkable fact that official co-operation between the nations did not begin by the fundamental questions which we would expect to bring the governments together, such as the maintenance of peace, the safeguarding of health, the interests of trade and the protection of the traveller? It would have seemed reasonable and logical to take these essentials first. I am afraid mankind is neither reasonable nor logical, and so international co-operation began in that apparently insignificant institution for measuring the earth. Moreover, I believe that if the men then in power could have foreseen that through the gate they had carelessly opened to a few harmless professors, the whole pageant of humanitarian and democratic aspirations would one day force its way, they would have let the earth stay unmeasured for eternity rather than commit themselves to such an imprudent action.

This fatal and happy mistake was committed exactly sixty years ago, and now the number of private and official international institutes and conferences is to be counted by hundreds. In the field which interests us here, we have first of all health and social welfare sections of the League of Nations, with consultative commissions on the opium traffic and on the white slave traffic, to which last commission our distinguished president is giving that kind of co-operation which you would expect from her.

This is a very happy correction indeed to the lack of political universality of the League of Nations that the United States, Germany, and even in one instance, Soviet Russia are represented on the League's commissions dealing with technical or humanitarian work, which latter is now centered mainly, if we leave health and relief outside our present consideration, on the restriction of the consumption of narcotics, on the abolition of the white slave traffic, and on child welfare, three fields of action which we will consider in turn.

In 1909, the initiative of the United States brought together an international commission in Shanghai to consider the opium question, and the subsequent international conference held in the Hague in 1912 led to the adoption of an international opium convention, which the Opium Committee of the League of Nations is trying to put in application. It is based on a system of import and export certificates, and on the determination of the amount of narcotics, legitimately needed by each nation; this census of the drug traffic once being taken, it will be possible to restrict the importation so as to stop for the greatest part the abuse of narcotics. The task is of course not easy on account of the efforts of the smugglers and of the opium ring, which works through underground channels in the whole world.

The International Bureau for the Suppression of Traffic in Women and Children, a voluntary association created in London in 1899, led to the official international conference in 1902, which resulted in the so-called international arrangement of 1904. This was completed in 1921 by an international convention concluded

under the auspices of the League of Nations, and the permanent commission appointed by the League on which the international women's organizations are represented, is undertaking, thanks to funds supplied from private American sources, a complete survey of the field. Most nations have recently passed laws which if really put in force would make the international traffic in women and children almost impossible.

This same section of the League of Nations will soon also consider the international aspects of child welfare.

The International Labor Organization, which is an autonomous part of the secretariat of the League of Nations, is devoting its strength to investigating and bettering labor conditions. The international labor conferences have drafted not less than sixteen conventions, twenty recommendations, and six resolutions bearing on almost every subject within the field of the workers' protection: the eight-hour day, the weekly rest, night work, the employment of women and children, social insurance, safety, labor inspection, emigration, the prevention of unemployment, of phosphorous poisoning, of lead poisoning, of anthrax, the protection of seamen, of agricultural workers, of commercial employees. If a limited number only of these acts have passed into the national statute books, the fact that after careful study and open discussion they have been officially approved by representatives of the governments, of the employers, and of the employees, gives them a moral value which cannot fail to impress public opinion and to foster progress. After all, we do not aim at having things inscribed in laws, we aim at having them realized in practice, and the reform of public opinion is more important than legislative reform.

I mention only briefly the Pan-American Union as the third intergovernmental agency presently in existence, because you undoubtedly know much more about it than I do myself. It has a valuable record and will undoubtedly develop its activities in the field of social work.

The voluntary organizations have existed long before the official institutions which I have mentioned. The first to be created were the Red Cross and the Young Men's Christian Association. You all know how since its beginnings in 1863, when it limited itself to war work, the Red Cross expanded in the field of social work and health, its main permanent activities being relief to the victims of war, disaster relief, popular health education, public health nursing, and the Junior Red Cross, inculcating in the school children daily habits of health, of social work, and of international good-will.

The Red Cross numbers today nine million adults and seven million children, these sixteen million being scattered in every country in the world irrespective of color, race, religion, and class. The Red Cross was instrumental in helping to start the International Save the Children Fund, created in 1920, out of which grew the International Movement of Youth in the aid of youth, which dates from 1922, and enlists the happier children in the help of suffering children. The International Save the Children Fund formulated in 1923 the declaration of the rights of children, which is now being adopted as the children's charter in the whole world.

I need not tell you about the international Young Men's Christian Association, Young Women's Christian Association, and the Salvation Army. Every social worker knows these wonderful organizations, to which millions of young men and young women owe such a great debt. I cannot mention by name the forty-odd international associations, leagues, bureaus, and foundations which aim at protecting girls and women, assisting the foreigner, rais-

ing the standards of education, bettering the prison system, developing the settlements, administering relief, uniting the women of the world, striving for peace and liberty.

But I want to single out two fields in which international co-operation has brought epoch-making progress. It was about 1840 that the first anti-slave international congress met in London. The governments did not join hands until 1889, when the International conference of Brussels created the Zanzibar and the Brussels bureaus, in order to stop the slave traffic. These bureaus have been closed because the slave traffic has gone. It is true that domestic slavery still exists in fact if not legally in many parts of Africa, which means that servants cannot leave their masters and that their children are born servants of the same masters. The liberation of these slaves, who are generally well treated, is a difficult economic and educational problem. At any rate, the raiding of villages and the wholesale killing and abduction of men, women, and children to be sold in far-away markets are now things of the past, and it is a powerful incentive for social workers to realize that mankind has been able to liberate itself from one at least of the evils which for scores of centuries had defied the most intimate feelings of heart and soul and stained the very name of man.

Another remarkable progress has been obtained through the International Abolitionist Federation, created in 1855 in Geneva. The men and women who demanded the repeal of the police regulations regarding prostitution were at first laughed at. Today the whole world is accepting their views: open dispensaries and educational institutions are replacing the prison-like hospitals in which these miserable, haunted women were formerly locked.

The world moves forward, not so quickly as we would wish, and without hesitation, not without sometimes retracing its steps backward, but on the whole it moves. Think of the completely unorganized international relations sixty years ago, and look at the net of institutions and conventions which now survey this field. Think of the total absence of legal international protection of the working man twenty years ago, and look at the growing number of international labor conventions now in application.

Think of the isolation of the humanitarians even in comparatively recent times, and look at the armies numbering millions and millions which now stride forward under the emblems of the Red Cross, of the Young Men's Christian Association, of the Young Women's Christian Association, of the international women's organizations.

Each time I have had the pleasure to come back to this continent—and I am now accustomed to consider myself as a commuter between America and Europe—I am more deeply impressed by the earnestness of your purpose, by the scientific character of your methods, by the flame of humanitarian faith which flows forth from your hearts. And may I especially mention my admiration for our sister social workers. I do so, not as a matter of tradition or courtesy, but because it is my firm conviction that in your generations of liberally educated women, to whom every freedom and opportunity have been granted, a type has been created which is nowhere equalled, not a superwoman—that I think no one desires—but just woman in her complete and harmonious development.

This explains why you have decided to add to these institutions one more organization, the International Conference of Social Work, which will meet next year in Europe.

I want to express my utmost gratification for this decision and I hope to see very many of you in that assembly. I promise to spare no ef-

forts so that your trip may be pleasant and worth while, and above all I promise to neglect nothing which will make of that meeting a real contribution to the progress of the social welfare in the world.

Your mere presence alone would mean the greatest possible inspiration for the social workers on the other side, in less favorable circumstances. But it is not only on social work that your science, your experience, your devotion will tell. When the world's forum of social work will have been created, that will mean one more link between the nations, one new army raised against war, one new account opened on the credit of peace. Social work spells understanding, reconciliation, and co-operation among the ranks of the nation.

But you cannot enlist for mutual understanding and co-operation among social groups without working at the same time for understanding and co-operation among the nations. There is only one intolerance, be it religious, national, political, or social, and there is only one tolerance, one spirit of brotherhood and peace, which extends to every form of intercourse and common enterprise. Social work means peace and love, peace and love which are bred in our hearts, which are cultivated in our minds, which are spread in our everyday work. And I do not know of any nobler title than that of "Social Worker," because every social worker is at the same time and all the time a peace worker.

(Address delivered at the fifty-first annual sessions of the National Conference of Social Work, Toronto, June 25-July 2, 1924.)

The Belgian Nurses' Conference

On June 13th to 15th, a most successful joint conference of the Belgian Nurses' Federation and the Association of Training Schools for Nurses of Belgium was held in the old historical city of Antwerp, with all its noble traditions. The keynote of the conference was one of progress. The "foreign" visitor who was so kindly welcomed saw in the deliberations of the Belgian nurses the same indomitable spirit in meeting difficulties that characterizes the whole Belgian nation.

One of the difficulties in Belgium at the present moment is the scarcity of recruits for the training schools. In 1920 a Royal Decree was passed making a general training of three years necessary for the highest diploma. In order to meet the present situation it was proposed at this conference that graduates of the Normal schools may be allowed to complete a nurse's training in two years. It is urged by those in favor of the scheme that this will not give them less practical work, but that the curtailment will be in theory. It is contended that much of the same theoretical course is now given in the two-year Normal course as is given in the Training Schools for Nurses. The resolution was opposed on the grounds that it was most unwise to ask for any letting down of the standards established so recently: when put to a vote, the resolution was lost.

The other much debated question was the relationship between Social Service workers and the Public Health nurses. Some of the speakers were of the opinion that all medical social service work can best be done by Public Health nurses, but this opinion was challenged by a group of Social Service workers (not nurses) who were present. A resolution couched in very general terms to which all agreed was passed.

A boat-ride through the port of Antwerp and a jolly dinner party rounded out the three-day programme.—J. E. B.

MISS MARGARET ELEANOR STANLEY

Any series of biographical sketches of outstanding Canadian nurses would be incomplete without one of Miss Margaret Stanley, for fifteen years Superintendent of Victoria Hospital, London, Ont.

Although a graduate of Johns Hopkins Hospital, Miss Stanley was a Canadian by birth. She was born at Prospect Hill, Ontario, on March 25th, 1855; and was educated at Hellmuth Ladies' College, London, and the W.F. College, Hamilton, from which school she matriculated.

For some years after leaving school Miss Stanley lived with an uncle at Lucan, her parents having died previously. From Lucan she entered the law office of the late Judge Alexander Miller, K.C., of Berlin (now Kitchener), with the intention of taking up law as a profession; but this she gave up after two years. It will be seen, therefore, that for a woman of the later Victorian era Miss Stanley had had a remarkably broad education: fitting her well for the profession of nursing which she later decided to take up. She entered the Johns Hopkins School of Nursing, at that time under the supervision of Miss Adelaide Nutting, in 1893, and graduated in 1896. She was then appointed night superintendent. Later she held the position of superintendent of the North Adams Hospital, Mass., for six years. In 1906 she was asked to take the position of superintendent of nurses of Victoria Hospital, London, Ontario, where she remained until she retired on April 1st, 1921. Miss Stanley had an accident in 1918, fracturing her hip, and as a result the latter years of her tenure of office at London were particularly trying as her general health was much impaired. She died five months after her retirement.

During the Great War, Miss Stanley took a keenly active part in the local Red Cross, supervising all surgical supplies, their packing and sterilizing, and gave instruction to the various lay bodies of women who later became so efficient in this branch of work.

Miss Stanley was a member of the executive of the Canadian Association of Nursing Education and of the Canadian National Association of Trained Nurses (now the C.N.A.) and gave ungrudgingly of her time, interest and energy. One of the last pieces of organization work she took part in was as a member of a delegation which went to Ottawa in 1917 to approach the Government with reference to the numbers of young women being taken on by the C.A.M.C. as V.A.D.'s, to the detriment of the training schools. At that time there was a serious shortage of student nurses in Canada, owing in great part to the many channels open to women as a result of the various war activities. As usual, Miss Stanley presented her arguments fearlessly, but with that caustic humor that was so typical of her. She was progressive in all her professional thinking and actions to an almost surprising degree, considering that her professional training and early experience were at a time when many of the leaders of the profession bore the stamp of Victorian autocracy.

Miss Stanley had a charming personality and was almost regal in appearance. She had boundless energy and enthusiasm, and although a great disciplinarian, she was just, and a wonderful teacher and demonstrator. Few women of the older school had more friends and admirers; and those who can look back a decade or two can picture her at the various organization conferences, in which she was always an active leader—handsome, proud, but charitable and always humorous. The nursing profession was much the poorer when Margaret Stanley passed on.

Easter in a Sofia Hospital

Life in any hospital cannot be said to be a continual state of Sabbath calm. We have all had experiences of emergencies when our resources were taxed to the limit, but fortunately Canadian nurses have not experienced the horrors of a hospital during a revolution. The following account of the Easter revolution in Bulgaria by an American nurse in the Red Cross hospital, Sofia, gives some idea of the vicissitudes of nursing in Eastern Europe.

"April 16th was a never-to-be-forgotten day for all of us here.

"I was waiting for a phaeton to go out on my afternoon off when a message came from the hospital to send over the operating room nurses as several accident cases had just come in. Cars began pouring into the yard, with soldiers and policemen everywhere. People were running wild and screaming. When I reached the hospital, the sight that met my eyes was worse than anything I ever saw in France during the war, and I was in the group of base hospitals nearest to the front lines. The corridors and operating room were overflowing with groaning, crippled, bleeding humanity. Everyone was covered with the same grey powder, which proved to be cement and crushed stone. At that time all we learned was that a bomb had exploded during a funeral at the Sveti Kral Cathedral.

"The wounded endured extreme pain without complaining, but the crowd seemed to have gone mad. Everyone gave orders and everyone was looking for his friends. People were literally dying under your feet.

"When I reached the hospital my poor probationers were in the thick of the fray and they knew so little how to meet such a horrible situation. The nurses worked like Trojans and about 7 p.m. a little order began to come out of the chaos. During the night, each patient got a dose of antitetanus. After the first night, we did not lose a single patient. I am proud of our nurses and think the patients reflect the care given them.

"I don't know what reports you may have heard regarding this horrible affair. I shall try to tell you briefly what seems to be the true story.

"A week before Easter the Communists killed General Georgioff, a highly respected Bulgarian officer. On the Thursday before Easter there was a big military funeral for him at the Svete Kral Cathedral. The King was on his way when the bomb that had been placed in the roof went off—a bit too soon to suit those who had planned it. The plan was to get the King and the Cabinet Ministers, and in the disorganization which would follow the Communists planned to set up their Government. When the bomb exploded the roof caved in and stone and cement were blown in every direction. The Minister of War, though severely wounded, immediately began giving orders. Although all the Cabinet Ministers were in the building none were killed.

"At present no one is allowed in the street after 8 p.m. and two soldiers guard every street corner. The fear of a bloody revolution is almost over now, but the reaction is not by any means enthusiasm or zeal for ideals."

What pride the Bulgarian Red Cross must have felt that it had such a well equipped hospital, well staffed with capable nurses, when such a great need for help arose in their capital.

Since 1884 the Bulgarian Red Cross has interested itself in the bettering of hospital conditions in Bulgaria and owns and operates with success one of the best hospitals in South-eastern Europe. A Red Cross school for nurses was organized in

1900 under the direction of Russian Red Cross nurses—and young women of the best type socially and educationally were attracted into the school, which has always maintained a spirit and idealism for good nursing of an exceptional quality.

In 1902, at the request of the Bulgarian Red Cross, American nurses were secured to direct the school, and have done so continuously since then, Miss Rachel Torrance being the present Directress. The course is two years and nine months. Since the war the Bulgarian Red Cross has become interested in training nurses for public health work and has included theory and practice of public health nursing in its curriculum. Nurses have been sent both to England and America to study this specialty.

Miss Christova, one of the early graduates of this newly-organized school, and a young woman of great initiative, enthusiasm and ideals, has done much in the last few years to bring the nursing work of Bulgaria up to a high standard and to develop public health nursing work. After studying a year in London, where she was sent by the Bulgarian Red Cross to take the International Course in Public Health Nursing, Miss Christova returned eager and anxious to develop public health nursing in her country, where no such work other than that done in a tuberculosis dispensary had ever been attempted. Knowing well her own people, she has patiently and slowly struggled along, demonstrating all her work before asking support for it. First, her carefully compiled study of all the health, social and economic problems of her country surprised and amazed the doctors and the public officials. Slowly but surely she has awakened a public appreciation of the need for health work. A compulsory course of two months in hygiene and health education was held for the first time last summer. A child health centre, the first in Bulgaria, has been opened, and as Miss Christova said in a letter, "We have had everything given to us and so many are interested in it, but soon we hope to be able to have all painted white because an attractive looking child health centre is so much more flattering to the mothers that they will then love to come."

Among many other activities undertaken by this energetic young Bulgarian nurse are lectures to groups of young women to interest them in taking up nursing and particularly in the good school in Sofia; work to improve the care of young children in hospitals and orphanages; the organizing of classes in home nursing for girls and young women; developing Junior Red Cross work.

The recent graduates of the Bulgarian Red Cross School have organized themselves into what is called the Florence Nightingale Association and publish a small leaflet monthly. The older graduates of this school, which commenced in 1900, are organized in what is called the Holy Trinity Association.

"He has achieved success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem, or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the best in others and given the best he had; whose life was an inspiration and whose memory is a benediction."
—Robert Louis Stevenson.

Water

By PETER McARTHUR

YES, I have had an operation! Most writing people when they have an operation nowadays turn it into copy. I am not wishing to be thought eccentric, so I shall do the same.

It took this journey into the Valley of the Shadow to make me discover the finest idea that has ever come my way as a journalist. Perhaps it was because I was having my struggle at the time that the O.T.A.'s and the Moderationists were having theirs—anyway, I saw the mistake that the Prohibitionists have made all the way down the ages, and help is going to be offered to them from an unexpected and still impenitent quarter.

Many years ago "The New York Sun" remarked that the great weakness of the Prohibition movement is that it offers no attractive substitute for what it takes away. The mistake of "The Sun" was just as foolish as the mistake of the Prohibitionists.

When you have been racked by pain you realize that the best beverage on earth is *Water*.

After my imagination had been weaving "arabesques of pain" for hours, some one asked me what I would like to drink. A foolish spirit made me answer, "A John Collins." And I wanted them to bring me one that was made in a tub, and one that I could stick my head right in when I wanted a drink. They brought me such a Collins as you would expect to get in a hospital—and it came back as fast as it went down.

It was then that it dawned on me that what I wanted was *Water—Water*. I began making inquiries about the water supply of the hospital when I would finally be turned loose. My imagination gave me pictures of the River Mill when the parched sands whispered to the inflowing waters of the reviving spring. I knew then that the love of pure water was older than Egypt — older than anything on which we build our lives of civilization. Men and water must have something in them that is synchronous. The water-bearer of the old Zodiac must have been truly ensymboled.

I wanted water, cold water, and I was told that I must wait at least twenty-four hours. I could put in the spare time thinking out just what I would like in the way of water. I will not arouse jealousy among the purveyors of table waters by mentioning those that I thought of first, but I will mention something that is very important—a matter about which I hope to make a campaign later on.

It is a most regrettable fact that most of the patrons of these table waters want the charged varieties. They do not know the sheer delight of still waters. No grocery or hotel will supply me with any except the aerated varieties, but I kept pestering the doctors for something especially fine in the way of water, and they promised, unhesitatingly, to stir heaven and earth to get the purest table water for me that could be secured. And some time along in the dreary night one of the tubes in my throat began to carry a water of the most marvellous cheer and sweetness. It was not flavored. It was purely a natural water, and it was chilled to an exactness not to be surpassed in the most exclusive club. As I felt my system slowly becoming saturated with this wonder water I found courage to ask them: "I hope it will not be too expensive to buy, because I feel in the future years I cannot live without it."

It was London City water! It was chilled to a nicety, and my whole being rose to it.

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Social Hygiene Exhibit, Brantford, Ont.

By M. E. CAMPION, Social Service Nurse

A most successful exhibit in connection with the educational work being carried on throughout the country in combatting venereal disease, was given in the Brantford Y.M.C.A. Hall recently, by the Provincial Board of Health, represented by Miss E. Moore, Social Service Nurse, and the Canadian Social Hygiene Council, with Miss Estelle Hewson, Ontario representative for that organization. The Brantford Board of Health and local Social Hygiene Council conjointly were responsible for bringing the exhibit to Brantford.

That the public is in sympathy with such a movement was evidenced by the large number of people who attended each of the twelve public showings. The exhibit opened Monday afternoon and showed afternoon and evening, until Saturday night. The first three days were for men only, and at these meetings doctors and male lay speakers explained the models, depicting first various sores and rashes that were non-venereal, and after this, models of the three stages of syphilis, from the chancre sore, the second stage of rashes, mucous patches, ulcerated membrances, etc., and the last stage, showing destroying tissue and hereditary syphilis in infants.

Each afternoon and evening, the Provincial Board of Health film, "The Gift of Life," was shown, followed by a film on venereal disease, as it affects the human body, its prevention and destruction of life. Separate films were shown for the men's and women's meetings. Doctors and interested lay speakers addressed each audience. We were fortunate in having Mrs. Clive Neville Rolfe, O.B.E., with us on the fourth day of the exhibit to speak to a mixed audience on the work that is being done in all parts of Europe to combat venereal disease and make its prevention possible. She strongly advocated teaching children the true facts of life in the home, starting from the time when they first ask questions about life; teaching them only a little at a time, as they ask for it. If they are at all curious on this subject, there are so many ways they may find out for themselves, and nearly always a very wrong and misleading way. Statistics of today have opened our eyes and we know that the silence of the past generations has merely supplied a medium wherein social diseases flourished and grew. Innocence is no longer a protection; it has become ignorance and danger. The child who is well equipped for life knows the truth about his body and how precious each part of it is, as related to the whole. It is also a very beautiful thing for a child to know why they have two parents and that without both a mother and a father they could never have lived upon this earth. Here, also, they learn the first lesson of self-sacrifice, when they realize that both mother and father gave toward their being. Teach them always the lovely side of family life; it means so much to a child, and makes the world a better place to live in for all of us. A child brought up to the responsibilities of life and society will grow to manhood or womanhood strong in knowledge and self-control. Instead of possibly becoming a victim of venereal disease will be one of the vast arm arrayed against it. Mrs. Rolfe is a charming and convincing speaker and the many truths she put forward will not be forgotten.

The meetings on Thursday afternoon, Friday and Saturday afternoon and evenings, were for women only, and were in charge of nurses; volunteers from the hospital staff, the Victorian Order, and school nurses, who answered questions and explained the models, etc. Miss Moore and Miss Hewson addressed the audiences. Dr. Hutton, M.O.H., and Dr. E. R. Secord were the speakers at two of the meetings.

Nurses taking part could not fail to be impressed by the work waiting to be done. Mothers and daughters alike are anxious to know more about social diseases. The question most frequently asked was, "Why are we only being told about this now? Is it something new?" The answer is simple: the subject is so unlovely that few cared to have anything to do with it in the past. It was only after investigations made at the beginning of the war that doctors, nurses, and social service workers realized that it was the work of this generation to get syphilis and gonorrhea under control. Every nurse can have a share in this work. Of course, the money set aside by the Federal and Provincial Governments and the doctors and nurses employed to carry on will accomplish much. But every nurse can help, and she will find it to her advantage to do so. Many serious illnesses are being laid to their true source, and the public is not so prone to raise its eyes to the sky and say, "Thy will be done," for we know that it is **not** His will, that He gives us the sword to slay the enemy; and that sword is knowledge.

Too many boys and girls of from 16 to 20 years of age learn of syphilis and gonorrhea by acquiring one or both of these diseases, and while they may be cured by long and faithful treatment, the memory of such an experience is not a happy one to carry through life.

Too many women learn the true danger of what may have seemed to them a harmless discharge when a baby loses, or almost loses, its sight. Many a bottle of "Blood Purifier" has been bought to heal a rash that was really syphilis, and some child born to die too soon or struggle through life a care to every one and a misery to itself, pays for the ignorance and neglect of a parent.

Only a qualified physician is able to treat syphilis or gonorrhea, and it is a good sign that "quacks" and their cures are becoming more unpopular every day.

The boy who thinks he may sow wild oats is looked upon with suspicion by well brought-up girls, and rightly so. He may easily reap a lifetime of suffering for himself or the girl he makes his partner for life. Clean living is the only safe living, and nurses can do much to educate others. Just as we are expected to know and be able to tell the truth about tuberculosis, typhoid fever, carcinoma or any of the diseases we nurse, so are we expected to know about venereal disease.

The Provincial Board of Health, Spadina House, Toronto, Ontario, will supply an abundance of literature on this subject, free of charge, to anyone who asks for it. A splendid book for nurses to read is: "Today's World Problem in Disease Prevention—on Syphilis and Gonorrhea," by Stokes. It is supplied by the Provincial Board of Health.

Through the co-operation of Dr. E. R. Secord, Director of the Brantford V.D. Clinic, and Miss M. McKee, Superintendent of Nurses, Brantford Hospital, the nurses in training were taken in classes to a private exhibit given for them in the mornings. Dr. Secord also gave short lectures to them and explained the models. They were indeed fortunate to receive this instruction at such a time.

Presentation to Miss Jennie Webster

MISS JENNIE WEBSTER

On the afternoon of May 14th, 1925, the members of the Alumnae Association of the Montreal General Hospital, held an At Home at the Nurses' Residence in honor of Miss Jennie Webster, who recently completed her twenty-fifth year of service as Night Superintendent of the hospital. The large drawing room, beautifully decorated with flowers, was crowded with nurses, doctors, and friends of Miss Webster. Miss Frances Reed, on behalf of the Alumnae Association, presented Miss Webster with a platinum bar pin set with diamonds and sapphires, and a bag of gold, with the following address:

"Dear Miss Webster,—On behalf of the Montreal General Hospital Alumnae Association I wish to extend to you our congratulations and good wishes on this, the twenty-fifth anniversary of night duty in the Montreal General Hospital.

"I cannot find words of sufficient depth of meaning to adequately express all that is in my heart to say, and all that I know the members of the association would wish me to say, but we have gathered together and invited your friends here today to try and express to you our gratitude and appreciation for all that you have done for us individually and collectively.

"By your self-sacrifice, your faithful conscientious devotion to duty, and your love for the suffering, no matter what their station in life, you have shown at all times the true spirit of the nurse and have ever upheld before us the highest ideals of our profession.

"To have turned day into night is indeed a sacrifice and one which few, if any, of us but you could have accomplished, but, by so doing, you have made the sun to shine by night for your patients by your presence in the wards of this hospital and have received and justly deserved the blessings of thousands.

"The spirit in which you have accomplished your great work and carried on through all these years has made you beloved by your nurses, your doctors, patients and friends, and has spread your fame throughout the Dominion and into

other lands, carrying with it and helping to make the reputation of our school.

"The nurses of the Montreal General Hospital have indeed been fortunate, for, though we do go back to the days of Florence Nightingale for inspiration and guidance, yet, having the privilege of training under Miss Livingstone, who is ever in our thoughts, Miss Young, our present superintendent, to whom we owe so much, and you, Miss Webster, we have found added inspiration within our own walls, for you have brought into our school her spirit of true service and devotion. May we be true to the leaders of our school and faithful to the examples that they have set for us. Some few years ago it was estimated that the average working life of a nurse was ten years. But your professional career has trebled that, and during that time you seem to have acquired the secret of perpetual youth.

"We are proud of you Miss Webster; proud that you belong to us and proud of your contribution towards the reputation of our school and profession, and we ask you to accept this gift as a slight token of our love and esteem, and of our gratitude for all that you have done, hoping that you will continue in your good work for years to come."

Among other gifts presented to Miss Webster with the best wishes of the donors were: A Bond for $1,000 from the Board of Management; a silver case containing Bonds from consulting staff, attending and resident staff, past and present; and a travelling clock from the student nurses. Miss Webster, who was overcome with surprise, thanked everyone in a few words, and assured them she had thoroughly enjoyed every minute of her time spent in the Montreal General Hospital.

Water

(Continued from page 406)

As I remember things mostly in pictures, it was not long until I found the picture of myself taking the best drink of water I ever enjoyed. The picture was easy to recognize. It could not compare with the great fountains pictured by great artists. It was very homelike. It was located at the line fence of our own woodlot. I was stretched out at full length on a snowbank, drinking from the pure ice water that gurgled up through the snow before me.

When I realized that the best drink of water I had ever had was on the home farm, I saw another wonderful thing. For a couple of months each spring we had running to waste at the rate of a gallon a second the finest water I have ever known—at least, the one that makes the most appeal to my palate. If I get off this bed of stupor I hope to buy a little bottling machine, and every spring we shall bottle enough of that water to carry us through the summer for table use. We could easily have an ice plant, and ice this water to the right temperature and offer it to friends and visitors.

And that raises another point. How few people know how to serve water! My Prohibitionist friends tell me they have good water, and let me drink it from a tin cup kept hanging to a mossy pump. If they were going to offer me a sweet stale ginger ale or soft drink they would probably offer it in cut-glass, or at least in a pleasant pitcher. Only crystal-pure water should be served in crystal, and the epicure who could gather water worthy to be served in crystal would well deserve to be made immortal in song. If our friends the Prohibitionists will teach the children—and will learn themselves—how delicious pure water is, and to avoid messy substitutes, they will not only help to bring about a water-drinking world, but they will spread health and open the doors to better living.—(Toronto Globe.)

Department of Private Duty Nursing

National Convener of Publi ation Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Some Curious Indian Beliefs about the Rearing of Children

By MRS. E. L. ARMSTRONG

Since my baby's birth I have been, and am still, learning many queer and interesting things from our people out here in India concerning their ideas on the rearing of children. To us, these confirmed beliefs of theirs seem very ridiculous and incomprehensible.

For instance, one should never remark that one's baby seems to be a healthy little mite, nor that it is gaining in weight. This, it seems, incurs the jealousy of the Evil One, who will inflict the little one with some disease from which it may never recover.

A baby is usually never named for at least three months from birth for fear lest it should die because the gods are displeased with the choice of the name. If it passes its third month of life the infant is believed to stand a good chance of reaching maturity. Some will not name their child for one year, and when naming it will choose such a name as "Pentayah," meaning "Dung," in order that the gods will not be jealous of the babe nor of its name and take it away from its parents. Often the little one is named for a deceased grandparent, but not for a living grandfather, as in that case the latter might soon die and be succeeded too quickly by his son and his son's son after him.

A vast majority of Indian babies are branded, as soon as the cord is tied, with a red hot needle in several places across the abdomen. This is supposed to dispel the evil spirits who cause disorders of the stomach in new-born infants. If a baby has a convulsion, in order to drive out the Evil One, it has to undergo the cruel treatment of having a few red-hot coals put on top of its head or upon the forehead between the eyes, or over both temples.

As soon as a baby cries they believe it is because of hunger, and nothing else; therefore the wee cherub must be fed immediately! They do not understand that over-feeding is one of the chief causes of digestive disturbance. To feed a baby sterile water, and that out of a bottle with a rubber nipple, why, to them, this is nothing short of the best way of killing a baby with a bad cold or pneumonia. Even the nursing mothers are not allowed to drink anything cold nor to wash in cold water, not even their face and hands, as this is supposed to cause the chilling of the mother's milk—thereby giving the baby colic or a nasty cough.

An infant should never be allowed to travel from one village to another until after its third month is past for fear the evil eye might be cast upon it and thereby cause sudden death; or in transit a crow might fly from left to right instead of vice versa, which would be a very inauspicious sign of impending danger to the infant.

Some of the orthodox Hindu families even yet do not believe in hospital confinements. An expectant mother must go to her own mother's home (if she happens to have one) at least one month previous to her confinement and remain there until the baby's third month of life is safely past. Then the parents wait for a lucky day to journey home with their new, precious treasure. Blessed are the parents to whom is born a male child: especially if he be the first-born; for this is the sign of reward for good deeds committed in a previous in-

carnation of the parents of the newborn.

When a baby sneezes, especially if it is a boy, the relatives or interested friends who hear it, very quickly snap their fingers, to drive away the evil spirits, and say, "Sectaisch, Noorairhaisch," which being interpreted from Sanskrit means: "Live long, may you live one hundred years."

If a stranger happens to be present and look on while a baby is being bathed, after his or her back is turned, the mother will promptly take a whole lot of water and sprinkle it in a circle all over the baby's head while muttering some words which are supposed to remove the curse of the evil eye which may have entered the visitor who was looking at the baby.

An Indian baby gets a large dose of castor oil every morning of its life; without this its bowels cannot move, it is supposed. When I have remarked that my baby has not had a drop since he was born, they immediately ask me how many motions a day he has and how he has them without castor oil.

The Indian diet of a nursing mother is indeed very extraordinary and too detailed for me to catch as yet. They must not eat an egg nor touch pumpkin for three months, nor must they drink anything which is not very warm.

But most of the Indian babies seem to thrive and get fat on their castor oil and the dirt which they pick up from the ground and stick into their mouths. Then, too, they seem quite healthy despite the absence of warm clothing. A baby a few weeks old will have some old, torn garment put over it to preserve what little body heat it has acquired. It may boast of a tiny, short dress down to its knees, and sleeveless. If it is a little girl, it is sure to have one or two bangles on each wrist and a necklace of some description.

When I go around talking to such people about pre-natal and child welfare care, they are just as amazed at our ideas as we are at their crazy notions and seem to think, "Well, what was good enough for us is good enough for our offspring!"

[Mrs. E. L. Armstrong (nee Evelyn Smith, Toronto General Hospital, 1921), Cocanada, Godaverie District, East India.]

University Extention Course for Private Duty Nurses

A University Extension Course for Private Duty Nurses will be held at the University of Toronto from August 24th-29th. The following subjects are offered:—

Nursing Care in Tuberculosis, 1 hour; Arteriosclerosis, Manifestations and Treatment, 1 hour; Obstetrics—Eclampsia, 2 hours; Focal Infection, 1 hour; Public Speaking, Story Telling, Reading Aloud, 2 hours; Sidelights on some Modern Literature, 2 hours; Skin Diseases—Erysipelas, etc., 1 hour; Cardiac Diseases—Angina Pectoris, etc., 2 hours; Ductless Glands, 1 hour; Nursing Care in Venereal Diseases, 1 hour; Political History, 2 hours; Meningitis, 1 hour; High Blood Pressure and Infantile Paralysis, 1 hour.

The afternoons will be spent at clinics in the Toronto hospitals. These are being arranged by the Private Duty Committee, Graduate Nurses' Association of Ontario. A fee of $2.00 will be charged for the course, while as far as possible rooms will be provided in the University residences at the rate of $5.00 for the duration of the course. Rooms may be occupied, without extra charge, for the full week, if desired, and will be ready on Saturday afternoon, August 22nd. Meals may be obtained near the University at moderate rates. Applications and reservations should be made immediately to Mr. W. J. Dunlop, Director, University Extension, University of Toronto, Toronto, Ont.

An Extension Course has been offered the last two years at the request of the Private Duty Nurses of Ontario to the University of Toronto and has been attended by over five hundred nurses. This year a similar request was made and the University states that it is with pleasure that the request has been granted. It is hoped, therefore, that many nurses will be able to attend this course at which numerous round table conferences will be held, and to spend a week in brushing up and gaining new knowledge relating to the work of the nursing profession. No examinations will be held or certificates issued for the course.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

The Value of a Training School Committee

By GRACE FAIRLEY, Reg.N.

Just as the types of hospitals in the Dominion are varied, so are their politics, and it is not an easy thing to say which is the best type of Training School Committee for any given hospital or groups of hospitals. In some parts of the country we have institutions fairly well endowed, in others those struggling financially to exist although equally necessary to the community, and again we have the municipal hospital kept up by taxation and reasonably free from the worries of income. Realising that, it is almost surprising that the Schools of Nursing connected with these various groups have reached anything like the present standard of education. The various provincial Registration Acts have done much towards standardization of the curriculum both practical and theoretical but they have not been able to solve the solution of the single-handed "fight" of the heads of many Training Schools for their very existence. The constant need of new or added teaching equipment or increase in the teaching staff (so often wholly misunderstood or **not** understood by the Board of Management) should not necessitate that feeling of almost apology from the unfortunate woman whose duty it is to make the request. In a report on training school budgets given last year at the American Hospital Association Convention, it was shown that the per capita cost of the School of Nursing in a small but representative group of hospitals varied from $718 to $1,410. Local conditions could hardly account for such a wide range, and it looks as if in the nursing field, the world over, too much is left to the individual hospital as to what it will, or will not, provide for its School of Nursing. In the same report it was shown fairly conclusively that the value of a student nurse (with the exception of the probation period) to a hospital was about 80% of a graduate nurse. If this is the case, surely there can be no question as to the responsibility of the hospital to the student.

Provided the personnel of the School Committee includes only those who are keenly interested in, and alive to the needs of the school, that they appreciate what modern and progressive education means and what their responsibility to the student is, it is one of the best methods of dealing with the ever present and increasing problems of a School of Nursing. It means much to the Superintendent of Nurses or Principal of the Training School to have some official body to whom she can go and discuss fully and freely the educational and social elements of her department, to whom she can report regularly, and who acts as her representative to the Board of Trustees.

On such a committee should be the chairman of the Board, the superintendent of the hospital, the principal of the training school, a representative from the medical staff (who understands the educational qualifications necessary in the nurse as well as the demands made of her), also a member of the Women's Auxiliary, if such exists, and some man or woman who has contributed something of value to local educational progress. They should meet fre-

quently, although not necessarily at stated intervals, but certainly at the call of the Principal. They should discuss freely and confidentially any matters of interest such as increase of staff, health of students, curriculum, desirability of affiliations, whether granting such or requesting an affiliated course. Then when any policy is agreed upon, they should submit it in a concise form to the Board. This means conservation of time at meetings of the Board and often much unnecessary publicity, as often representatives of the press are present at these meetings and information that might be of value, if published, gets into the local papers in a garbled form and loses much thereby. There is also, too often a feeling of hesitancy on the part of the Principal to bring up some problem at the regular Board meetings, because she (or the Board) thinks it too trivial, and yet how gladly would she take it for discussion or decision to some informal but interested committee.

The recommendations of such a committee to the General Board on matters relating to housing, social life, school budgets, etc., have much influence, provided it has the confidence of the Board, which means it must be made up of interested, responsible citizens.

The idea of a School Committee is still fairly new, although increasing yearly in popularity. When first suggested, the fear of undue interference made many hesitate to organize such a body. Yet how gladly does one welcome conférence with an experienced group of persons when a real problem presents itself.

In other words, the right type of school committee is of the greatest assistance to the Principal and a great asset to the School.

(Miss Grace Fairley, Superintendent of Nurses, Victoria Hospital, London, Ont.)

Nursing in South America

During the early part of the present year Mr. E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, and president of the American Hospital Association, was a hospital representative of the Methodist Church at an international gathering of Protestant Church organizations in Uruguay. While there Mr. Gilmore made an extensive tour of the leading hospitals in South America. In his account of the nursing conditions, he says, in part (Hospital Management, June, 1925), "Probably the outstanding difference between the rank and file of the hospitals of the South American countries and those of the United States and Canada is in respect to nursing. On account of the attitude of the public of those countries towards woman and because of the century-old customs which limit the activities of the women, especially in respect to work, the average hospital of South America has no nursing such as we know it and in fact the character of the so-called nursing service is a great deal on the plane of what it was in this country thirty-five or forty years ago. A number of splendid schools for nursing have been started, however, and since the people are showing a great deal of interest in these experiments and also since they have the advantage of opportunities to study the nursing schools of North America and of other parts of the world, I am sure that the development of nursing in South America will be rapid . . . There are no schools on a par with the better schools of the United States and Canada, but there is a gradual wakening of the public to the fact that nursing is a profession which is deserving of the interest and support of the best type of citizens. Consequently the type of young women who are being attracted to the few better schools is much the same as that which makes up the personnel of the schools of North America. A factor which is inducing educated young women to turn to nursing is that the normal schools of South America are turning out more graduates than are required for teachers in the schools, and these young women are becoming interested in nursing. With the backing of the better class of citizens and of the government officials, nursing is bound to make big strides."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Records for Public Health Nursing

Part II.

By FRANCES KING

Histories must describe the situation found and the work needed, together with all work done that is of significance in the progress of the family's health. A chronological history —that is, a record of visits in the order made, is of doubtful value. It is probably better to arrange the data under headings in such a way that the information relating to each problem will be in one place, easy to enter and easy to find.

Two files are needed: a 5″ x 8″ file for family histories, with surnames in alphabetical order, and a 5″ x 8″ tickler file for work slips, which will be discussed in the next article. A third file consisting of a cross index arranged according to street addresses, is sometimes advisable.

The arrangement most in favor at the present time is a folder which serves first as a record of the family, and second as a receptacle for the histories of the individual members.

This folder should be exactly 9½″ high by 8″ wide, folded with the back edge ½″ higher than the front, making when folded 5″ x 8″, in order to fit a standard filing cabinet.

A folder made of stock cut 10″ x 8″, and folded in the centre with the top edges even, is harder to locate in a file. If the name is written on the top of the inside sheet, the front of the folder hides it. If it is written on the top of the outside sheet, the folder immediately in front hides it. If, on the other hand, the back edge is higher than the front, not only will there be a little space in front of each name, but there will be only one edge at the top to handle.

As for material, it must fold without breaking, have a good writing surface, be stiff enough to stand in a file without bulging, and be of sufficiently good quality to stand handling.

Card stock, which is in other ways the most desirable, is likely to break where it is folded. If a card is scored at the line of folding, it is weakened. Ordinary paper is not stiff enough.

That leaves two possibilities—manila folder stock and ledger paper of the best quality and heaviest weight.

Manila stock which has a surface sufficiently well finished to take ink without blurring is the better, as it is a little stiffer than ledger paper. The printer will supply samples of manila, which should be thoroughly tested with fine and blunt pens. If the surface is not good, ledger paper is to be preferred.

The printer should fold the folders before delivery, using a folding machine. If folded by hand, they will be a little uneven, making a file with crooked tops that is hard to handle.

Cards must be used for records which are to be filed by themselves. For individual histories going inside the folder, paper is preferable. A good quality 20-lb. bond is as easy to handle and write as cards, and takes much less room.

Weight in paper does not indicate wearing quality. Heavy weight short fibre stock will not wear as well as light weight long fibre paper. The best paper for history use is a crisp hard surface bond.

Sheets for individual histories should be exactly 4½″ high by 8″ long. If more space is certain to be needed, they may be 16″ long, folded to 4½″ x 8″. A paper history folded at the end is handier to file than if folded at the bottom, as there is less likelihood of slipping the sheets inside each other. When the sheets are 16″ long, the first and fourth pages should be used together, and the two inside pages, so that the sheet can be spread open on the desk.

Paper is easier to fold accurately than heavy stock, so that it is not necessary to pay the printer to fold them. It is well, however, to have a heavy line ruled at the exact place of folding.

Most of the headings on the family folder shown in Figures 1 and 2 are self-explanatory. Those which are not, will be discussed in a later article under statistics.

The same is true of many of the headings on the infant welfare history, which has been selected as an illustration of an individual history. Other headings need a little explanation.

Page 1, shown in Figure 3, is an index, showing the nurse's objectives for her work with that particular individual. These may be in print under "Need," or written in. The diagonal in the square immediately following calls attention to the existence of the need. When the nurse has accomplished her purpose, she makes the diagonal a cross. She does this in pencil, however, for bad habits have a trick of returning.

Each time she attempts to correct a need, she enters the date against it. The number of times a subject should be taught before it is abandoned as hopeless depends upon the policy of the organization. The nine spaces allowed in Figure 3 are probably too many.

A glance at this index and at the last entries under Feeding and Illness should refresh the nurse's memory before a visit, and should furnish a quickly assimilated summary of the case for the new nurse.

To a supervisor, many diagonals will indicate that a nurse is unable to cover her work, while few marks will indicate either that she is carrying unnecessary histories or that she is not discovering the opportunities.

"Yes" or "No," in the column headed "Baby O.K.," in Figure 4, saves the eternal repetition of that important, but monotonous sentence, "Baby doing well." Incidentally, is it easier to see than a sentence buried among other notes.

(Continuation slips and work slips will be taken up in the next article.)

Surname.....**Nurse**.....**Hist. No.**.....

MEMBERS OF FAMILY	Year Birth	Problem	DATES On	DATES Disch.	Problem	DATES On	DATES Disch.	Problem	DATES On	DATES Disch.	Problem	DATES On	DATES Disch.
M													
W													

Family Visited During Month

Year	Ja.	Fe.	Mr.	Ap.	My.	Je.	Jl.	Ag.	Se.	Oc.	No.	De.
1925												

Periods of Family Supervision

DATES Taken on	DATES Disch.	Reason Discharged

Family Folder. **Name of Organization.**

Figure 1—Family Folder. Back Sheet, 5" x 8"; Front Sheet, 4½" x 8".

Surname.....**Nurse**.....**Hist. No.**.....

Race M W Country of Birth M W Years in Canada M W Religion or Church M W

Addresses	Condition of Home	No. of Rooms	Rent, Mort.	Own or Rent	Landlord
1st					
2nd					
3rd					
4th					
5th					
6th					

FOLD

If not reported to Conf. Exch., reason: Data insufficient.....No social problem.....Confidential.....

Social Agencies Interested	Date	Referred to	For	Date	Result

Figure 2—Inside of Family Folder. Space below addresses, and on back of Folder is blank, for other data or notes.

| | | |

When a nurse finds upon her first visit to a patient that she has engaged a physician to attend her at the time of confinement and is under his supervision, she gives no advice unless at request of the physician. Instructions are given the patient, however, about the preparation and sterilization of supplies, making of layettes, etc. Adequate medical supervision by the private physician is, in our opinion, more satisfactory, but, unfortunately, this is not always available.

If the patient expects to go to hospital for confinement and cannot afford the services of a private physician for supervision, she is referred as early in pregnancy as possible to the pre-natal clinic of the hospital where she intends to be confined. In Toronto, there are five hospitals conducting pre-natal clinics, the follow-up work in the homes for four of these hospitals being done by the public health nurses. Our largest hospital has its own Social Service Department which does the follow-up for that hospital. A thorough physical examination is made by the clinic physician on the patient's first attendance. Blood pressure is taken and urinalysis is done on subsequent visits. Pelvic measurements are taken as the physician deems necessary.

The Department of Public Health has established five neighbourhood pre-natal clinics, the object of these clinics being educational. Each clinic is in charge of a skilled obstetrician. It is felt that when the average woman realizes the need of supervision and care during the months preceding confinement, she will place herself during that period under the care of her family physician. Before they will do this, however, they must be educated to the need of such supervision. It is this need which we hope, through the hospital and neighbourhood clinics, to bring home to the public. On the first visit to a neighbourhood clinic, the patient is asked the name of the physician whom she intends to have attend her at confinement, and the physician is notified by letter of her attendance. The records of the case are at his disposal, and for active medical treatment the patient will always be referred to him. Pre-natal care is not given if the patient has previously consulted her private physician, unless so requested by him.

For the patients in the third group, those who have made no arrangements for confinement, the nurse is even more responsible. Every effort is made to have the patient placed under medical supervision as soon as possible and to have her understand why this is so essential. Often the nurse will have to help the patient make arrangements for her confinement and here the social as well as the physical conditions have to be considered. If the patient goes to the hospital or remains at home, the social agency interested may have to be called upon to help make arrangements for the care of the home and the family. The visiting housekeeper or some one to go into the home at such a time is one of our great needs. The Red Cross Society is trying to help meet this need in Toronto by organizing the Visiting Housekeepers' Committee. This service will in no wise replace the nurses' care, but will provide some one to carry on the work in the home while the mother is laid up.

Post-natal visits are paid by the nurses and the importance of post-natal examination six weeks after confinement is impressed upon the patient, these examinations being made by the private physician who attended or by the hospital where the patient was confined. The patients are advised also by the hospital when leaving after confinement to return for examination.

It is realized what a great deal there is to be done along the lines of pre-natal care and that it is one of the problems uppermost in the minds of physicians, nurses and all those interested in safeguarding the life of the expectant mother and child. In Toronto we feel we are just beginning to touch the fringe of the work, but hope from the resources at hand that much more will be accomplished in the future.

(Jessie M. Woods, Reg.N., Department of Public Health, Toronto.)

How the Need of Maternal Care is Being Met in the Town

Article III.

For the purpose of this discussion, I have limited the type of community to the town which boasts of no local hospital, considering the town with hospital service as belonging to the urban group. In addition, my remarks will apply to nursing care only.

Confinement care in the small town in Ontario at present is given in one of three ways: (1) Full-time Trained Nursing Service, paid for by the patient; (2) Visiting Nursing Service, on a fee (or free) basis; (3) Untrained Nursing Service, paid or voluntary.

I know of no detailed analysis made in the class of community covered by this discussion which would show what proportions of the total confinements were taken care of by these respective types of nursing service.

So far as No. 1, Full-time Trained Nursing Service, is concerned, I am sure the members present will all agree with me when I say this branch of service will depend entirely on the unselfish private duty nurse who is willing to undertake practice in the small town of Ontario.

Confinement care constitutes the major portion of the nursing needs of a small town. The history of the Visiting Nursing movement shows that the organization of this type

of service has developed as a result of the popular demand that this need be met; similarly, an extension of this service presupposes the active interest and support of the lay body within the small town.

There is not a small town in Ontario today where No. 3, Paid or Voluntary Untrained Nursing Service, is not a factor in maternal care, nor do present conditions indicate that this service can be dispensed with.

In conclusion, therefore, I should like to submit: (1) From a public health and nursing point of view the provision for maternal care in our small towns is far from satisfactory; (2) This can only be remedied by the education of (a) the patient, (b) the public.

(Contributed by a Public Health Nurse.)

NOTE.—The fourth and last paper on "Maternal Care in Ontario" will appear in the September number.

REPORT OF THE PUBLIC HEALTH NURSING SECTION OF THE CANADIAN PUBLIC HEALTH ASSOCIATION

By FLORENCE H. M. EMORY, Chairman, Public Health Section, C.N.A.

A successful meeting of the Canadian Public Health Association was held in the Mount Royal Hotel, Montreal, June 8th and 9th. One session was devoted to Public Health Nursing, when Miss Edith Hurley, Professor of Public Health Nursing, University of Montreal, was in the chair. Papers were read by Miss Florence Emory, chairman of the Public Health Section, Canadian Nurses' Association, and by Mlle. H. Chagnon, Institute Bruchesi, Montreal.

At the close of the session provision was made for the formation of a section on Public Health Nursing, and the chairman of the Public Health Section, C.N.A., was appointed chairman. A large attendance of public health nurses did much to insure the success of the session devoted to the consideration of the problems of the Public Health nurse as they are related to the Public Health Administrator.

The next meeting of the Association will be held in Toronto, when it is expected that Public Health nurses will show their continued interest by securing a large attendance and arranging a helpful programme for the session allotted to them.

"THEY IS MEASLES HERE"

Speaking of a health conscience, one of our new Canadian citizens from Finland, living at present in Toronto, demonstrated recently that he had absorbed the teaching of the City Health Department.

A case of measles occurred in his family and when the Sanitary Inspector arrived with the official quarantine card he found that the father of the family had one of his own making already tacked up. On it was written in large black letters: "They is measles here".

NOTES ON CURRENT LITERATURE OF INTEREST TO PUBLIC HEALTH NURSES

Nutrition—

Feeding the Family: M. S. Rose, Ph.D.—The McMillan Company.

Nutrition and Growth in Children: Emerson, A.D., M.D.—The D. Appleton & Co.

Food, Health, Growth: Holt, M.D., LL.D. —The McMillan Co.

The Nutrition Class: Its Organization and Development; price 20c — American Child Health Association.

Nutrition Clinics for Delicate Children (Incorporated) at 44 Dwight Street, Boston, Mass., publishes the following pamphlets:—

"A Nutrition Clinic in a Public School," by Dr. W. R. P. Emerson.

"Nutrition Clinics and Classes: Their Organization and Conduct," by Dr. W. R. P. Emerson.

"How to Organize a Local Nutrition Centre: The Place of Nutrition in Bringing the Undernourished Child up to Normal": by E. V. McCollum and Nina Simmonds.

Child Welfare—

Child Management—Bureau Publication, No. 143, Children's Bureau, U.S. Dept. of Labor.

Dreads and Besetting Fear: Williams, M.B.C.M. (Mind and Health Series, edited by H. Addington Bruce.)

The Conquest of Nerves: J. W. Courtney, M.D.—a manual of self-help. (The MacMillan Company.)

Safeguarding Children's Nerves—A manual for parents: J. J. Walsh, M.D., and J. Foote, M.D. (J. B. Lippincott Co.—$2.00.)

Social Hygiene—

Social Pathology, Vol. 1, No. 6—U.S. Public Health Service, Treasury Dept.

Pamphlets on Social Hygiene for adolescent boys and girls, parents and teachers, may be obtained from the American Social Hygiene Association, 370 Seventh Ave., New York City, N.Y.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal.

Excerpts from Valedictory

By MARGUERITE L. FRADSHAM

So short a time, and yet so long ago, we wandered in from the surrounding country seeking the education which was to fit us for the great, glorious task of dealing with life.

* * *

Of all the big days of our lives I wonder if there will ever come again one quite so thrilling and so wonderful as that bright May morning! I can yet feel that awesome sensation of having one's feet cold and hot at short intervals; of one's ears ringing, tongue firmly fastened to the roof of one's mouth, and with stomach and heart entangled in one's throat. I know that Gray's Anatomy does not give authority for such location, but I am fully convinced that mine were so situated on that particular morning.

We really **did** feel important that first day in our garb of blue, but it wasn't very long before we began to feel very small and unnecessary. That was, fortunately, the first thing we learned: how little we knew and how much we had to learn; but we have never learned yet how much more there is to learn, because each day teaches how much is necessary if we are to cope with the vastness of the great field of work ahead. For we would feel as though our three years had been spent in vain if we were going to be satisfied with what we have now attained, and as our superintendent has always impressed upon us the fact that we must progress, and that we must not remain in the year in which we graduate, so far as our knowledge of nursing is concerned, I am sure each one of us will take advantage of every opportunity which the future may offer us.

It has been the custom to think of the nurse merely as a capable bedside attendant. It is only recently that the public has awakened to the fact of the extraordinary development in the field of nursing. It is true we hope we are capable bedside attendants, but we should be so much more. We occupy positions of the greatest trust and honor, and we hope we will never forget our superintendent's words, spoken to us so often: "Think of the honor to have a mother trust you with her baby, which is to her, without doubt, the most precious thing in her life!" She gives it to our care, knowing it will be as safe as with herself—plus what our knowledge and training can do to help save life or remedy defects. Why wouldn't we hold our heads and hearts high, giving to that patient the best that is in us and practising all that has been taught us?

At first we did think people were unreasonable. Why couldn't we go on doing the things that seemed easy and pleasant? Why did we have to change altogether our whole outlook on life? We thought, as do ninety-nine out of every one hundred, that the rules were harsh and that we had to obey them simply because they **were** rules; that we were made to obey them just because it suited those over us to show their authority, and that was where the wills of those over us won over ours, for slowly, but surely, we came to understand the eternal "Why." Never until one knows and understands the big "Why" is it possible for one to do things properly. Unless a person understands, it is useless to try to do right.

One of the "big" unfair things, we thought, was having to be in our rooms at ten o'clock on nice summer evenings; but I wonder where we would be today had we been allowed to stay up as late as we wished, then up at 6 a.m.!

* * *

You can see it was a big proposition to teach us all the big and little things, which were essential we should know. No one but the nurse herself can appreciate how much she is indebted to the nurses over her, who have taught and set the right example. If we were to stop and think of the many times the younger nurse is following the example of the older ones, would we always do the things we do? It is the little things they notice; and when their professional life is forming we want it to be moulded after the finest and best pattern in the world. We are all so proud of our profession and the hospital that has mothered us, that we wish all coming in contact with it to be a credit. And how quickly our own particular training school becomes "home" to us!

Ever since that memorable 29th day of May, 1922, we have been learning, and we hope we will always continue to do so. At first everything was so strange to us. Each day on the wards, as we observed and were taught, we thought our eyes and ears would actually burst from trying to hear and see so much.

The first horror was the awful 6 a.m. of rising: nobody noticing you or caring what happened to you; everyone making one great rush to get dressed. And in that rush we poor little blue-clad probationers felt very sorry for ourselves. The dining room at 6.30 a.m. was a dismal place, and again we were convinced, against all teachings of Gray's Anatomy, that one's stomach and throat touched. But as time went on it became part of our life. From seven in the morning until seven at night seemed years long that first summer! The heat seemed so much greater. And then our feet! So often we wondered how feet that felt like ours could be any other size than that of a piano box. The awful feeling that each time you put a foot down it might set the building on fire!

The first really startling event was when we received our caps. I wonder if a crown was ever coveted or worn so proudly as our caps were. We wrote our Probie exams., and then our superintendent talked to us individually on our work and what could be ahead of us if we were but willing. We have never once forgotten those words she said that day, and I know that as we left that office we resolved to give the very best that was in us: after having things made plain to us the way she made them. Why wouldn't we be proud of her? When it is due to her tireless teaching that we see things as we do.

But to go back to uniforms. We were to appear on Sunday morning. We stayed up late Saturday night trying on the garments, then lay awake for hours imagining how we would look: fully intending to get up at least one-half hour earlier to get dressed, so that we should be first in the dining room—for anyone who has gone through the experience knows how utterly impossible it is to saunter unconcernedly into a room arrayed as we were for the first time. But on the eventful morning we overslept! However, we managed to get in and out again without any serious damage being done and the cap question soon passed out of sight amid all the new wonders.

We next had our night duty, where our whole outlook on life was changed again, in so far that our days were turned into nights and vice versa. I think that our first ideas of night duty were very vague.

We never dreamed that people were so sick at night that they couldn't sleep, and we thought that we were to act more or less as guardian angels. We soon found out that our brains and hands and feet had to work the same at night as during the day.

During the next year and a half we passed through the various phases of training in special subjects: the Diet Kitchen training and then our Maternity training; and in our last year came the Operating Room, where we had to learn all over again: where one had to be always on the alert to do the exact thing at the exact time. We had to learn so much, the most outstanding being how big and important are the small things of life. For if we couldn't be trusted to do the small menial tasks, how could we do the big things? And that is one of the big things our training teaches: how much the little things of life count, and to put ourselves in others' places.

* * *

We are taught right from the very first to acknowledge the dignity of the care of disease, and that in the safeguarding of health no act is menial or inglorious. We did learn this, for it is the seemingly small, menial tasks that count the most. We deal with the matter of life and death. We are next to the big, vital things of life; holding all secrets sacred and forgetting them as soon as we leave the patient. The public wants nurses who can comfort, educate, heal and give, and we can only do this when our bodies and minds are sound. We, in our day, hand-in-hand with medicine, are making great advances, and we want to go on and on.

Nursing has reached a high status; but it tumbled once and may tumble again, so we must never feel we have attained the heights of glory, but go on striving to keep its standard high. As we receive our diplomas this afternoon—while we feel we have reached a goal—we must not be satisfied, but rather we are again just as children starting out: left for the first time on our own resources.

* * *

I think we can all say we have enjoyed it. We graduate today feeling we have done something worthwhile. We have a broader outlook on life and see things altogether differently and we hope we are going to be able to help with life's big problems. There have been the dark spots when one wanted to leave it all, but I think the bright ones have out-numbered the dark, for our reward is great, in seeing the imperfect body made perfect and feeling that our small part has helped. I am sure that is recompense for anything. We have assisted in bringing the new life into the world and been with others as they passed into the beyond.

In leaving, we want to say to the next Senior Class—"Carry on where we are leaving off. Make the most of every opportunity given you, remembering the high standard of our profession, and give it the best you have, for you are entrusted with a more important thing than gold: that is, LIFE."

The way seemed long to come—and yet so short when we look back.

There is a word, the sounding token,
  There is a word, beguiled with bright tears,
The saddest word fond hearts have ever spoken,
  A little word that breaks the chain of years!

Its utterance must always cause emotion.
  The memories it carries never die,
'Tis known on every land, on every ocean,
  'Tis called, "GOODBYE."

(Marguerite L. Fradsham, class 1925, Victoria Public Hospital Training School for Nurses, Fredericton, N.B.)

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

From War to Peace

NURSING IN INDUSTRIAL WORKS

By N/S S. M. DRIVER, Reg.N.

During the war we saw the great necessity for putting forth every effort to preserve man-power. The necessity now is to maintain our man-power in industry. Machinery and the advancements that have been made to relieve man of many of his former burdens have gone ahead in leaps and bounds. Machinery, as such, is a wonderful aid to mankind. but if we place our manhood in the same category we lose tremendously.

We are thankful to say that the heads of many great manufacturing organizations do not look upon their employees as being part of the machinery. Where it is impossible by present proportions for the owner or manager of an industry to know all his employees and their home life, many owners employ welfare workers—nurses or doctors—to co-operate with them, thereby indirectly attending to all accidents and sickness and keeping up the old-time friendly relations between employer and employees and their families.

This industrial nursing ought to be a great aid to the community at large as well as within the industrial organizations because of the effort that is put forth to maintain health rather than to care for the sick, and to prevent accidents rather than to provide recompense for the injured. Everyone who studies conditions applauds the spirit of safety conventions which have for their object "Prevention of accidents rather than the recompense of the injured." In spite of every safeguard which may be used, accidents will happen. It is necessary to see that the victim of an accident is so cared for that he will obtain the maximum of recovery or restoration of function in the shortest period of time. The chief need for the speediest recovery and the most complete restoration of function and the early return to work is not so much to be considered from the monetary standpoint, as that the morale of the man will be kept up. If a man has a long convalescence in the average hospital, the incentive to work is lost; the tendency to complain is fostered, and association for long periods with other patients who consider themselves derelicts, engenders discontent. The man so hospitalized recovers his morale very slowly and hence is not fit mentally when he has recovered physically. This condition was very apparent during our war service.

In conclusion, one cannot do better than repeat what an industrial nurse was heard to state, "An industrial nurse is valuable to her employer: (1) By first-aid and subsequent care to accident cases she les-

sens the results of accidents; (2) by her home visits she reduces time lost by many cases; (3) by reporting danger points in the plant, so that the workers are protected from accidents and health hazards; (4) by translating clearly to the worker the employer's interest and good-will, both in the plant and in the home, she helps promote pleasant industrial relations. Finally, in her relation to her employer she will at all times to the best of her ability serve his interest and uphold his authority. To the confidence the workers place in her she will give the same respect and discretion that she would observe were they patients whom she attended in private practice. To develop herself and her work she will keep in close contact with her own profession and its educational opportunities, in order that she may be an intelligent worker and assist in a service that is more than Justice, because it is Humanity and Economy. To do this work successfully, the nurse must possess an abundance of tact and a spirit of co-operation to cope with the various temperaments with which she will come in contact."

(N/S S. M. Driver, nurse in charge of Welfare Department at the Harris Abbatoir, Toronto.)

The Union Medical College Hospital, Peking, China

By N/S EDITH McALPINE

Peking Union Medical College Hospital was opened in September, 1921. It is one of the best equipped hospitals in the world: the roof alone costing $1,000,000, and is quite a landmark from the city.

The hospital is primarily for research work, and has accommodation for 250 patients, but usually 150 to 175 are in hospital and hence sufficient medical and surgical work is carried on to provide the material for research. About 90 per cent. of the patients are Chinese, especially in the public wards. If they can pay, fifty cents (Mex.) a day is charged; otherwise the hospital assumes the care of the indigent patient.

The nursing staff is composed of about thirty foreign nurses, mostly from the United States and Canada, with a few from England. At present Miss Goddard, Mrs. J. McKenzie and Miss Latimer, all ex-nursing sisters in the C.E.F., are on the staff. These foreign nurses come out usually on a four-year contract, with seven or eight months allowed for learning the language. In addition to these there are about thirty Chinese graduates, mostly from the Mission Hospitals, though a few are foreign trained. These are in many cases excellent nurses, especially in routine work, and very congenial to work with.

The pupil nurses are for the most part Chinese, with middle school graduation and a knowledge of English. Their work and training are much the same as that given in any large hospital in America. The Superintendent of Nurses is a graduate of the Training School, Johns Hopkins Hospital, and much of the routine nursing of that hospital is carried on in the Peking institution.

The medical staff is similar to that in any American hospital: but eminent men, such as the late Dr. Emmet Holt, of New York, and others, serve for a period of six months or more.

The intensely interesting and picturesque parts of Peking and its environs, such as the Ancient Temples and the Great Wall, with the delightful social life in Peking, add immensely to the pleasure and interest of the Eastern sojourn for the foreign-born nurse.

News Notes, C.A.M.N.S.

BRITISH COLUMBIA

On Wednesday, June 5th, 1925, at Shaughnessy Hospital, Vancouver, Nursing Sister Jean Warrender, a member of the nursing staff, collapsed and died suddenly while enjoying the afternoon tea hour with her associates. Sister Warrender's death was the result of a heart condition for which she was pensioned at the end of her war service in 1919. She joined the Canadian Nursing Service in 1916 at Vancouver, and after serving at Taplow, England, proceeded to France in 1916, being one of the last of Canadian nurses to leave there in 1919. She was appointed to the Balfour Sanatorium late in 1919 and joined the staff at Shaughnessy Hospital in 1920. Sister Warrender was born in Scotland and received her training there. Previous to coming to Vancouver in 1914 she served under Matron Jean Matheson of Shaughnessy Hospital, in the Queen Victoria Hospital, Revelstoke, B.C. Sister Warrender was buried with military honors and interment was made in the soldiers' plot at Mountain View, Vancouver. The sympathy of Canadian nurses is offered to Sister Warrender's family and to her associates at Shaughnessy Hospital, where she was beloved by all.

On Monday, June 15th, 1925, the death of Mrs. Edward Exton occurred at her home in Alberni. Mrs. Exton was formerly Nursing Sister V. L. Erant, Winnipeg General Hospital, 1905. She is remembered for her unfailing kindness and devotion to duty while she served Overseas with No. 5 Canadian General Hospital in England and in Salonica from 1915-1919. Sister Erant married Mr. Exton on her return and lived at Alberni, Vancouver Island, B.C.

N/S McCormack, Q.A.I.M.N.S., who has been a member of the Victorian Order of Nurses staff, Victoria, left in July for California to join a friend in a chicken ranch venture.

MANITOBA

A memorial service, arranged by the Local Council of Winnipeg, at the request of the National Council of Women in Canada, was held on Sunday, June 21st, 1925, in St. Matthews Church, in recognition of the unveiling of the Five Sisters' Window by the Duchess of York in York Minster, June 24th. Archdeacon McElheran conducted the service, and preached the memorial sermon, after which he read the Honor Roll of the Canadian nursing sisters who lost their lives during the War.

The Nursing Sisters' Club placed a wreath on the monument of the Parliament grounds on June 27th, in proud and loving memory of the Canadian nursing sisters who lost their lives when the hospital ship, Llandovery Castle, was torpedoed off the coast of Ireland on the night of June 27th, 1918.

On July 1st, 1925, at the Misericordia Hospital, Winnipeg, there occurred the death of N/S Margaret Griffith of the Imperial Nursing Service. Various nursing organizations were represented at the funeral which was conducted by Rev. Walter A. Southam of Holy Trinity Church. Interment was made in the military plot at Brookside cemetry. N/S Griffith is survived by her mother, who resides in England.

In honor of N/S Myrtle Jephson, the nurses of the Bureau of Child Hygiene, Winnipeg, gave a surprise party and high tea on July 2nd, when she was presented with sterling silver teaspoons. The guests included N/S Jephson's mother and Mrs. A. Dickson, a friend of the staff.

ONTARIO

In honor of thirteen hundred nursing sisters who gave their lives in the Great War, amongst whom were forty-four Canadian sisters, memorial services were held at important centres throughout the British Empire at the same moment on June 24th, 1925.

The service in Toronto was held in Convocation Hall at three o'clock and commenced at the exact moment when, at York Minster in England, Her Royal Highness the Duchess of York, pulled the silken cord unveiling the "Five Sisters Window" in memory of the nursing sisters who paid the supreme sacrifice. This service was conducted by five chaplains who had served in France and Belgium during the war. The Rev. George H. Williams presided, while Rev. N. A. McEachren offered the opening prayer, followed by the twenty-third psalm, in unison, led by Rev. J. B. Grimshaw. The memorial address was given by Rev. Canon Charles W. Hedley and Rev. Capt. McElhinney of the Salvation Army offered the closing prayer. Immediately following the singing of the National Anthem at the opening of the service was the two minutes of impressive silence at the same time at which scores of groups of other patriotic women throughout the Empire stood in respectful silence to honor those followers of Florence Nightingale who fell in the cause of suffering humanity. Then Matron A. J. Hartley, R.R.C., came to the centre of

the platform and in a quiet voice slowly recited the names on the Canadian Army's roll of imperishable fame, the names of those who in the truest sense of the phrase died that others might live. These names of matrons and forty-two nursing sisters are recorded on the Empire's Memorial at York Minster. Rev. Canon Hedley, who delivered the memorial address, began with a eulogy of the mother country and praise for the Canadian nursing sisters. He vividly described the scenes at the base hospitals in France when during the German advance in the spring of 1918 they had almost been turned into field dressing stations. The wounded poured in; many brave soldiers could not endure the sight of the terrible wounds, but the sisters endured. The sound of anti-aircraft guns, the detonations of German bombs, drove nerve-wracked men almost to madness, but the nurses chatted cheerfully to keep up the spirits of their patients. That was real courage. At the conclusion of this eloquent address, "Abide with Me" was sung, and Capt. McElhinney pronounced the closing prayer and benediction. The audience remained standing while the Dead March in "Saul" was played on the organ. This service was arranged by the Local Council of Women, with the co-operation of the Red Cross Society, the Daughters of the Empire, the Women's Canadian Club and the Navy League. Representatives of these organizations were on the platform. The province was represented by the acting prime minister, the Hon. George Henry. Mayor Foster's deputy was Alderman B. Wemp. Major-General Fotheringham, C.M.G., represented the Academy of Medicine, and Col. F. S. L. Ford, C.M.G., M.O., District No. 2, represented the R.C.A.M.C. of the C.A.M.C.

School for Graduate Nurses, McGill University

The following are the names and addresses of the members of the Graduating Class 1925, School for Graduate Nurses, McGill University, Montreal.

		Training School
Certificates in Public Health Nursing		
Barnes, Edna Agnes (with distinction)	Montreal, P.Q.	Montreal General Hospital.
Burns, Alberta Lavinia	St. John, N.B.	Lady Stanley Institute, Ottawa, Ont.
Costello, Helen	Valois, P.Q.	d'Youville Training School, Ottawa General Hospital.
Craig, Mary Evelyn	North Gower, Ont.	St. Luke's General Hospital, Ottawa, Ont.
Gardiner, Sybil Senior (with distinction)	Montreal, P.Q.	London Hospital, England.
Risk, Gladys (with distinction)	Plymouth, England	Queen Victoria Mem. Hospital, North Bay, Ont.
Weir, Doris	Montreal, P.Q.	Royal Victoria Hospital, Montreal.
Certificates in Supervision in Schools of Nursing		
Heney, Nellie Gertrude	St Catharines, Ont.	General and Marine Hospital, St. Catharines, Ont.
Johnson, Marjorie Jean	Hamilton, Ont.	Hamilton General Hospital.
Powell, Annie Robertson	Capetown, Ont.	Hamilton General Hospital.
Ward, Annie Edythe	Montreal, P.Q.	Montreal General Hospital.
Certificates in Teaching in Schools of Nursing		
Batson, Martha	St. Johns, Nfld.	Montreal General Hospital.
Cunningham, Mabel Irene (with distinction)	Millbrooke, Ont.	Victoria Hospital, London, Ont.
George, Flora Aileen	Masonville, P.Q.	Sherbrooke General Hospital.
Jenkins, Marjorie	Ottawa, Ont.	Hospital for Sick Children, Toronto, Ont.
Zinck, Olive Leone	Chester, N.S.	Royal Victoria Hospital.
Diploma (granted for two years' course or equivalent) Teaching in Schools of Nursing		
Brewster, Constance Eleda	Brantford, Ont.	Royal Victoria Hospital, Montreal.

Dr. Helen R. Y. Reid's prizes were awarded to Edna Agnes Barnes for highest standing in Public Health Nursing, and to Mabel Irene Cunningham for highest standing in Teaching in Schools of Nursing (one year course.)

News Notes

ALBERTA

CALGARY

The graduation exercises of the Calgary General Hospital were held in Alazar Temple on May 5th. Mayor Webster presided, Dr. J. B. Follett addressed the graduates, while Dr. D. Gow presented the diplomas and Mrs. Nellie McClung administered the Florence Nightingale pledge to the class which numbered thirty and who made a charming picture in their fresh white uniforms, all carrying bouquets of red roses. Following the graduation ceremony, a dance was held which was largely attended by the nurses and their friends.

The graduation exercises of the Holy Cross Hospital were held in the Alazar Temple on June 16th, when sixteen graduates received their diplomas from Rev. Father Hetherington while Dr. W. Merritt presented the medals. Dr. W. J. Richardson was in the chair and Dr. F. S. McEachren and Mayor Webster addressed the Class. The Florence Nightingale pledge was administered by Miss Eleanor McPhedran. A reception was held immediately afterwards for the nurses and their friends.

The last lecture of a series given throughout the past year to the Calgary Association of Graduate Nurses by various physicians and surgeons was that given in May by Dr. R. B. Deane on Heliotherapy and its uses.

The Calgary Association of Graduate Nurses held its quarterly business meeting in June. Arrangements were made to have printed the revised constitution and by-laws. Nominations for officers for the ensuing year were received and the election will be held at the quarterly meeting in September.

The marriage of Miss Cora Stauffer to Dr. Burke took place on June 10th, 1925, in Calgary. Mrs. Burke graduated from the Calgary General Hospital in 1920. For the past year she was very active as convener of the Social Committee, C.G.N.A. and will be greatly missed by the local nurses. Dr. and Mrs. Burke will reside in Blackie, Alta. A second member of the executive of the C.G.N.A., Miss E. F. Grumett, was married in April to Mr. W. A. Westwood. The marriage took place in Calgary. Mr. and Mrs. Westwood will live in Rapid City, Man.

EDMONTON

Miss Beatrice Guernsey, superintendent of nurses, Royal Alexandra Hospital, left on July 4th, for a well earned vacation, to be spent in Vancouver, Victoria and Alaska.

Miss F. Munroe, assistant superintendent, R.A.H., returned on July 1st, from a delightful holiday trip to the coast and Alaska.

LAMONT

The graduation exercises of the Lamont Public Hospital Training School for Nurses were held on Tuesday evening, June 2nd, in the Union church. An interesting programme was carried out, addresses being given by Rev. A. C. Farrell, B.A., of Edmonton, and Dr. M. A. R. Young, of Lamont. The diplomas were presented by Dr. W. T. Rush and the medals by Miss H. Rice to Misses Violet Letts, Elva McKee, Vermilion; Lillian Hambley, Duhamel; Nettie Redmond, Rachel Hougen, Edgerton; and Caroline Freeman, Gwynne. A prize of five dollars in gold, presented by Miss F. E. Welch, was awarded to Miss Elva McKee for obtaining the highest average in the final examinations. The many friends of Miss F. E. Welch, R.N., former superintendent of nurses, were glad to welcome her to the graduation exercises. Miss Welch is now in charge of the Isolation Department of the Royal Alexandra Hospital, Edmonton. A reception to the graduating class was given on Tuesday afternoon in the Nurses' Residence, when the doctors' wives and the local graduate nurses were hostesses to the Class 1925.

Miss L. Henkleman, L.P.H. 1919, who spent the last year at the Moodie Institute, Chicago, returned a short time ago to her home in Bruderheim, Alta.

Miss Ada Sandall, L.P.H. 1922 has been appointed recently to China by the Methodist Women's Missionary Society. She expects to visit the hospital in September, en route to Vancouver, B.C.

Miss Christine Campbell, L.P.H. 1921, lady superintendent of the Hafford Hospital, Hafford, Sask., recently underwent an operation at the Lamont Public Hospital. Miss Campbell is now at her home in Vegreville and expects to return to Hafford Hospital before long. Miss Violet Letts, L.P.H. 1925, has accepted a position in the Hafford Hospital.

Miss Lillian Hambly, L.P.H. 1925, is at present in the R.M.H. Hospital, Vegreville, Alta.

BRITISH COLUMBIA

The results of the May 1925 Examination for the title of Registered Nurse in this province are as follows:—

Misses C. Spackman (1st), Vancouver General Hospital; H. Tait (2nd), Vancouver General Hospital; R. Yeandle (3rd), Vancouver General Hospital; L. Ginther, F. McIntosh (equal), E. Joyce, M. McIntosh, M. Baker, O. Walker (equal), Margaret O'Rourke, M. Mellish, D. Bell, N. Waldron, N. Foggo, K. Hayden, A. Oldacre (equal), W. Herdman, R. Green, M. Burns, M. Harvey (equal), J. Redmond, Margaret Edwards, M. Gradner, J. Cooper, K. Rooney, J. Ford, E. Owen, A. Sutherland (equal), M. Wilson, V. McDonald, U. Gray, W. Blankwoort, L. O'Brien, I. Smith (equal), M. Phillips, J. Peterson, N. Hickman (equal), M. Williams, M. Moore, M. Richardson, I. Snowdon, H. McQueen, M. Aikenhead (equal), Mrs. Amy Jones, G. Boggs, M. Whalley, L. Buchanan, Mrs. Janet Scott, M. Campbell, G. MacDonald (equal), H. Legge-Willis, E. Acheson, M. Boisvert, K. Graham, E. Smith, H. Douglas, B. Collis, C. Ferrier, M. Hatfield, E. Jolliffe, D. Taylor, H. Minton, M. Harris (equal), D. Holmes, H. MacKenzie, M. Armstrong, I. Galbraith (equal), F. Whillans, F. Shepwash, W. Marshall, B. Thompson, C. Hawkshaw, W. Stewart, Sister Mary Clare, J. Calder, M. Edwards, C. Marshall (equal), M. Joly, B. Barnes, P. Mooney (equal), K. Gray, H. Smith (equal), A. Atkins, Maty O'Rourke (equal), F. Chelmick, J. Mantle (equal), H. Restall, M. Lyons, V. Bishop (equal), E. Latta, M. Gibbons, C. Halpenny (equal), M. Stewart, M. Johnstone, E. Reid, L. Bertois, M. Flower, G. Rowsell, E. Scott, L. Wylie (equal), S. Gray, E. Hartley (equal), M. Hebden, A. Lawrence, W. Yule, H. Elliott (equal), M. Devereux, C. Miller, M. Parke (equal), E. Bowlby, R. Dow, E. Michels (equal), M. Switzer, D. Gussett, M. Henry, N. McClosky (equal), C. Hawkins, N. Smith, M. Shenfield.

NEW WESTMINSTER

Miss Moore, R.N., R.C.H., 1923, has accepted a position in the hospital at Chilliwack, B.C. Miss Richardson, R.N., R.C.H., 1925, and Miss S. Hill, R.N., R.C.H., 1924, have been appointed to the nursing staff of the Hollywood Sanitorium, New Westminster, B.C.

KAMLOOPS

The graduation exercises of the Royal Inland Hospital, Kamloops, took place on May 13th, 1925, when five nurses received their diplomas and medals.

Miss L. E. Moore, R.N., Wellesley Hospital, Toronto, 1917, and instructress at the Royal Inland Hospital, left on July 1st en route for an extended tour to England and the Continent.

Miss Gertrude May Rich, R.N., of the staff of the Royal Inland Hospital, died on June 27th, after a very brief illness. She was a graduate of St. Joseph's Hospital, Victoria, B.C., and afterwards took a post-graduate course at the Women's Hospital, New York. Miss Rich had been on the staff of the R.I.H. since February, 1925. Besides her parents, Mr. and Mrs. H. N. Rich of Ladner, B.C., she leaves to mourn her loss three sisters. Her only brother was killed in the war. The funeral took place at Ladner on June 30th, 1925. Of a bright and happy disposition, Miss Rich had a large circle of friends, and her untimely death is deeply regretted by all.

ONTARIO

BELLEVILLE

The graduation exercises, class 1925, of the Belleville General Hospital were held on the lawn of the hospital grounds on Wednesday evening, June 17th. The grounds were looking their best and the lawn was gaily decorated with bunting and scores of lights. Mayor Mikel acted as chairman and the address to the class was given by Dr. J. L. Tower. The graduates received their diplomas from Miss Margaret Tait, R.R.C., superintendent, who also gave a most interesting report of the hospital and school for the past year. Those graduating received their certificates for registration in Ontario, these certificates being presented by Mr. Kerr, while the Florence Nightingale pledge was administered by the Rev. C. E. Clarke. The nurses who graduated were: Rhoda Mary Alford, Lakefield; Ruth Elizabeth Coulter, Belleville; Mary Matilda Hales, Peterboro, and Ruby Jennifer Windson, Apsley. Ruth Coulter was awarded the gold medal presented by the Belleville Medical Association, Dr. Tower's prize for surgery as well as the prizes offered by Dr. Cronk and Dr. Hill. Rhoda Alford received the general proficiency prize, presented by Dr. Connor, while all four graduates received hypodermic sets from Dr. Cronk and prizes from Dr. Connor. At the conclusion of the ceremonies an enjoyable dance was held in the Nurses' Residence.

BRANTFORD

Graduation exercises in honor of the class 1925, Brantford General Hospital School for Nurses, were held in the Collegiate Institute, Saturday afternoon, June 13th, when the following programme was carried out. Invocation, Rev. Father Ferguson; the report of the Training School, Miss E. McKee, superintendent;

greetings from the Brant County Medical Association, A. A. Morrison, M.D., C.M.; presentation of school pins and diplomas, Miss K. Bowen, superintendent, Brant Sanitorium; presentation of scholarships by the donors. The first general proficiency scholarship was awarded to Miss Dora Arnold and the second general proficiency scholarship to Miss Leora Cameron, while Miss Grace Durward received the award for excellent practical and executive work, and Miss Dora Arnold obtained the highest standing in obstetrics. A reception was held at the close of the programme and in the evening the members of the graduating class and their friends were the guests of the Board of Governors at a most enjoyable dance.

The annual meeting of the Alumnae Association was held Monday afternoon, June 15th. Following the business meeting and election of officers for the ensuing year, Miss E. M. McKee, honorary president, welcomed the 1925 graduating class as new members of the association. Refreshments were served and a social time enjoyed by all.

On June 5th, the Alumnae Association gave a delightful dance at the Winter Garden in honor of the graduating class of 1925. Miss E. M. McKee, Miss V. Forsythe and Miss H. Potts received the guests. On June 26th, the Association held a well attended and most successful garden party in the grounds adjacent to the Nurses' Residence. The various booths were well patronized and were most artistically decorated with many colored Japanese lanterns and the club colors of blue and white.

Miss Barbara Trumper, night supervisor, and Miss Vera Forsythe, operating room supervisor, have resigned from these positions at the Brantford General Hospital, and are returning to private duty nursing.

HAMILTON

Hamilton General Hospital A.A.

The graduation exercises of the Hamilton General Hospital were held on Wednesday, May 13th, when fifty-two graduates received their medals and diplomas from His Excellency Lord Byng of Vimy, Governor-General of Canada. The address to the class was given by the Venerable Archdeacon Rennison. Scholarships for University courses were awarded to Evelyn Almas, Jessie Spence and M. E. Hooper, while the Emma Pratt scholarship for general proficiency was presented to M. Jane Ecclestone, and the Mary McLaren House scholarship to Eva E. Hulek. The Dr. D. G. McIlwraith prize for highest standing in obstetrics was won by Helen G. Aitkens, and the Dr. F. E. McLoghlan prize for highest standing in medical nursing went to Flossie Armstrong.

The following alumnae members sailed in July to visit the British Isles: Misses Anna Thompson, Jessie Jackson, Gladys Webber and Inrig. Miss Ida Ainslee has left for an extended trip abroad.

Miss Gregory, of the O.R. staff, and Miss Hobden, instructor in practical nursing, have resigned from their positions. Miss Gregory has been succeeded by Miss Echleston. Miss Grace Lowe has been appointed to the outdoor staff of the H.G.H., while Miss Kathleen B. Merritt, awarded a scholarship for Public Health nursing in 1924, has accepted a position with the Public Health Department, Hamilton.

Miss Alice Godden, recently recovered from a long illness, has returned to private duty. Mrs. Rose Hess has returned to Hamilton after spending six months in New York.

OTTAWA

Youville Training School for Nurses A.A.

Miss Mary Crilly, who was operated on recently, is doing well at present. Miss Mabel Gravell underwent an operation a few weeks ago and was obliged to resign her position at the Ottawa Civic Hospital. Miss Kathleen Bayleymet, an operating room supervisor at the Ottawa Civic Hospital, has returned to duty after a short absence due to a slight accident. Miss Mary Collins has returned to duty, fully recovered from her recent operation. Miss Aline Poitras is at St. Agathe for her health. Mrs. Lane (Miss Ida Curran) is still at the Lady Grey Hospital and her condition is unchanged. Mrs. (Dr.) Boutin (neé Miss Lillian Dubé, 1923), died at her home in Ansonville in June, 1925.

Mrs. Devitt and Miss L. Brennan represented the Alumnae Association at the annual meeting of the Graduate Nurses' Association of Ontario.

Twenty-four graduates from the Youville School received their diplomas and medals at the graduation exercises held on May 28th, 1925.

Meetings of the Alumnae Association have been adjourned until September.

ST. CATHARINES

The Alumnae Association of the Mack Training School for Nurses, General and Marine Hospital, were represented by Miss Kelmen and Miss Ina Grenville at the Congress, International Council of Nurses, Helsingfors, Finland.

TORONTO

Hospital for Sick Children A.A.

The graduation exercises of the 1925 class of the Hospital for Sick Children were held in Convocation Hall on the evening of June 13th, before a large audience. A large number of former graduates joined the long line of nurses that wended its way from the Hospital to the University. Miss Josephine Hamilton, the first graduate of the school, was among those seated on the platform. The address to the class was given by the Rev. Trevor Davies, D.D., and Miss Kathleen Panton, superintendent, gave the annual report of the school, which showed that a most successful year had been completed. The diplomas and pins were presented by Mrs. L. C. Goodson (Miss Brent, a former superintendent of the school); the Trustees' scholarship was presented by Mrs. W. E. Gallie; the Alumnae scholarship by Mrs. Storey, president of the Alumnae Association, while Mrs. Williams presented the prizes. A reception was held at the Nurses' Home at the conclusion of the exercises. The winners of the scholarships were as follows:—Miss Janet Calhoun, the Wilmot Matthews and the Thomas Wood scholarship, value $700; Miss Beatrice Stickney, the H. H. Williams scholarship, value $350; Miss Eleanor Newberry, the Alumnae scholarship, value $350. Prizes were awarded to Miss Jean Beaton and Miss Eleanor Newberry of the senior class; to Miss Helen Howe of the intermediate class, and to Miss Winnifred Hudson of the junior class. The graduates who obtained highest standing in the examinations were: Misses Minnie Dewar, Janet Calhoun, Eirene Jamieson, Helen Lawrence, Gertrude Fleming, Edith Ranson, Elemor Armstrong. The graduates were: Misses Jean Beaton, Eva Campbell, Nona Cook, Mary Dewar, Jean Gillies, Viola Lyle, Norah Macklin, Margaret Marshall, Mary DeMille, Marjorie Mayor, Dorothy Pell, Reba Simpson, Helen Boothe, Florence Carson, Annie Cooper, Janet Calhoun, Kathleen Crosby, Marjorie Eplett, Anna Foote, Dorothy Fisher, Allen Hoskin, Eirene Jamieson, Mary Johnston, Sarah Lewis, Sadie Mathieson, Annie McDonald, Eleanor Newberry, Sara Oliphant, Mabel Snider, Beatrice Stickney, and Corona Walters.

The annual garden party of the Alumnae was held in the beautiful grounds of Lakeside on Saturday afternoon, June 27th. The honorary president of the Alumnae, Mrs. Goodson, received with Mrs. Storey, the retiring president, and Miss Kathleen Panton, the superintendent of the training school. As usual many of the former graduates were present to renew old friendships, and all were glad to welcome back Mrs. Goodson (Miss Brent). Tea was served under the trees on the beautiful lawn and all enjoyed a most delightful afternoon.

Toronto General Hospital A.A.

Miss Marjorie Hendricks, 1921, who recently spent several weeks in the X-Ray department of the Toronto General Hospital has been appointed technician, Union Hospital, Terre Haute, Ind.

Miss Mabel Pratt, 1920, has accepted a position at the Red Cross Hospital, Haileybury, Ont.

Misses Jean Dent and Edna Johnston, 1922, have returned from New York where they spent several months doing private duty nursing.

Miss Velma Hayes, 1922, a member of the nursing staff, Rockefeller Institute, New York, for the past two years, has resigned her position and will spend some time with her sister in California.

The members of the September section, class 1922, resident in Toronto, recently spent a delightful evening and reunion at the home of Miss M. Fry when a shower was given in honor of Miss Evelyn Cameron.

Misses Burnadette Thompson and Mildred Johnson, 1925, are members for the summer of the graduate nursing staff at the Victoria Hospital, London, Ont.

Miss J. Doheny, 1919, is accompanying a diabetic patient to Europe this summer. She expects to be absent for two months.

The following letter from Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, to the Training School office staff, written from Paris, July 1st, has been forwarded to The Canadian Nurse. Miss Gunn and Miss Russell (Director of Public Health Nursing, University of Toronto), at the invitation of the Rockefeller Foundation, have spent the past three months in England and the Continent studying nursing education.

"Miss Crowell, Miss Russell and I left Paris on May 24th, for Central Europe. We visited two cities in Poland, Warsaw and Cracow, Prague in Czecho-Slovakia, Vienna in Austria, Budapest in Hungary, Belgrade and Zagreb in Jugo-Slavia, Venice and Genoa in Italy. It was most interesting to see all these countries and we had an opportunity of seeing them in a different way from that of the ordinary tourist. Although our time was limited we were able to make the most of it as our time was all planned before we arrived and practically every minute counted. Then we met the people in each city who

were in responsible work, nearly all being government officials or professors of the medical schools, etc. For instance, in Warsaw we were met by the Minister of Health for Poland and also by the Chief of the Hospital Department of the University. I am sure these two men did nothing while we were there as they gave us practically all their time. It was like that in so many places that we felt really under obligations that we could never repay. Then too, we were entertained in several homes and by different people. In that way we saw more of the people and customs of the countries than we could have seen under other circumstances. The people everywhere were most hospitable and are of course much more formal in their manner than we are.

"We had a very interesting time in Vienna but had so much ground to cover that we were about dead when we finished. Our usual programme might be of interest to you. We did all our travelling at night and as far as we could judge every place was a night's journey from the last place. If we left at 9 p.m. we arrived at 6.30 or 7 or even 6 a.m. If we left at 12 p.m. we arrived at the same unearthly hour. We went to the hotel and wakened practically everybody, had coffee and rolls (considered breakfast in Europe), and by nine o'clock we were ready to start out. We went all day and usually had some evening engagement planned for us. If we got to bed at 12 p.m. we were doing well. I forgot to say that we always crossed the border between these two countries about 2 a.m. That meant visits from husky officials to see our passports. We had two series of these, one to let us out of the country we were leaving and two or three to greet us on our entering the next country. After the passports came the customs. We quite lost our hearts to Venice. We fortunately had a week-end there and did not have too much to do so we thoroughly enjoyed it. I had not realized how much the gondola is used for transportation. I rather pictured it as a novelty but found it was the Venice taxi. We stayed in a beautiful hotel, the Danielli. It was an old castle and was perfectly beautiful in the inside. The staircase went up around a court and the walls were different colored marbles. I hated to go out and leave it behind me. Our rooms were so nice too. It seemed so quaint to us. We locked our rooms quite solomnly and then hung the key on the outside of the door! It was the established custom so we all fell in line. I would not want to live in Venice but I could spend a holiday there quite easily. When we reached Genoa we decided to leave Miss Crowell and take an extra day to come back to Paris by way of Switzerland. We felt it would be too bad to miss it when we were so near. We travelled by day to Montreaux and went through the Italian Alps and a very wonderful range of Switzerland. We stayed in Montreaux all night and had a wonderful room right on Lake Geneva. The next day we went to Geneva by boat, going first as far as Lausanne and lunching there and then on the afternoon boat to Geneva. The boats are very comfortable and are far nicer than our Niagara boats. We had dinner in Geneva and then started out to find the Hall of the League of Nations. We had no idea that it would be open so late but we tried all the doors and finally struck the right one. We went in and saw the whole place which we found most interesting. Then we came out and sat on the edge of the lake and watched the sun set on Mont Blanc. When we got in our sleeper for Paris we felt that we had had a full day.

"When we arrived in Paris we breathed a sigh of relief and felt as if we had returned home. However, we found on reporting at the office, that we were to go on to Brussels the same afternoon. So like good children we did as we were told. We sat in Edith Cavell's office and tried to imagine how she felt when they came there to arrest her. Then we saw where she was imprisoned and where she was shot. The school to me had rather a tragic atmosphere about it as they seem to treasure all Miss Cavell's things and there are all kinds of articles around to keep her constantly in mind, such as the flag that covered her body on the way to England, etc. I spent this week-end at Bruges all by myself and had a wonderful time. They call Bruges the Venice of the North and it certainly is as far as canals are concerned. The canals there are only used for pleasure boats but they are very numerous and very beautiful. The town is simply charming, full of the most interesting old buildings. When I returned to Paris on Monday, we went right on to Bordeaux, where I was particularly interested on account of Dr. Anna Hamilton's school. Dr. Hamilton, we found very charming, but, unfortunately she had fractured her leg and had to be carried from place to place. Of course I met Mlle. Mignot who visited us last year. In the evening the student nurses had arranged a small fete for our entertainment. They were all dressed in different costumes and did all kinds of natural dances and folk songs. It was most interesting and we were delighted with them. They even had an illustrated programme which they had done themselves. When we returned from Bordeaux

we went directly to Soissons which is about one and one-half hours from Paris. It is in the centre of the devastated area and is surrounded by villages that were practically all destroyed. It is simply marvellous to see how these villages have been rebuilt. Some are almost all rebuilt now. In Soissons there are still some ruins and of course the Cathedral will take many years to repair if they can repair it at all. It was actually cut in two. We went to Coucy, a small village of a few houses about ten miles away, to see a health centre. Coucy was occupied by the Germans for a long time and being on a hill overlooking a valley was considered of great advantage to them. The village did not suffer at all from gun fire, but the night before the Germans were forced to retire and give up the village they blew up the whole place with charges of dynamite. They only left one house standing and that one the Kaiser had occupied, so they spared it. The old chateau which was very very old and the pride of the country side was of course completely destroyed. There are only about five houses rebuilt and in the valley below the village they have put up some wooden shacks for a school, a church, health centre, etc. I cannot tell you what a queer feeling it gave me. It made me realize that we had not suffered a great deal from the War except the loss of our men. The courage of the French to start to rebuild village after village is beyond all understanding. Unfortunately the money should have come from Germany but rather than wait, France advanced it from her own Treasury. Now it looks as if Germany would never pay and France is facing a very serious financial situation. Speaking of Germans and money, we were told by dealer after dealer in Venice that the Americans had taken a back seat in regard to purchasing expensive things as the Germans were spending all the money and buying the most expensive antiques, jewels, pictures, etc. And then to see Coucy in ruins and Germany refusing to pay as she is too poor.

"Miss Russell goes on to England next Monday and I will be here until July 15th, when Miss Browne and I leave for Finland. We are going by train to Hamburg, through Germany then to Copenhagen and Sweden and by boat to Helsingfors. By going that way we only have a twelve-hour trip. I have planned ten days in Norway after the congress and then back to London. I am having a week in London to see the city as I did not see much when I was there except miles and miles of hospitals. I have not heard anything of the other Canadian nurses going to Helsingfors and probably will not as they will go directly from England. I have met quite a few nurses who are going from Europe but there are really very few going compared with all the countries to be represented. They all say the exchange is too unfavorable for them to travel outside their own country and I guess there is some truth in the statement."

After serving for six years as editor of "The Modern Hospital," Joseph J. Weber has resigned to become director of Grace Hospital, New Haven, Conn.

Prior to assuming the editorship of "The Modern Hospital," Mr. Weber was associate director of Boston Dispensary, Boston, executive secretary of the committee on hospitals of the New York State Charities Aid Association, executive secretary of New York City's war committee on hospital and medical facilities and financial secretary of the New York Charity Organization Society.

Mr. Weber is a graduate of Hamilton College, from which he holds the degree of B.A. and M.A., and of the New York School of Social Work. He is the author of "First Steps in Organizing a Hospital."

The Association of Registered Nurses

PROVINCE OF QUEBEC

An Examination for Registered Nurses' Certificates in the Province of Quebec will be held in the University of Montreal and McGill University, Montreal, on September 23rd, 24th, 25th, 1925. Names of Candidates wishing to write must be in the office of the Registrar not later than September 1st, 1925.

Full instructions to candidates may be obtained from the Registrar.

MISS L. C. PHILLIPS
Registrar
750 St. Urbain Street
Montreal

BIRTHS

CHARTERS—On June 5th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Charters (Ida Harcourt, T.G.H., 1915), a daughter.

DALE—On July 8th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Dale (Constance Hunter, T.G.H., 1919), a son.

DRAPER—On May 30th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Draper (Ethel F. Secord, T.G.H., 1913), a son.

FLETCHER—On April 27th, 1925, at Timmins, Ont., to Mr. and Mrs. Harvey Fletcher (Minnie Conkey, Brantford General Hospital, 1920), a daughter.

FRASER—On June 28th, 1925, at Edmonton, Alta., to Mr. and Mrs. George Fraser (Mary Burnell, Royal Inland Hospital, Kamloops, B.C., 1923), a daughter.

GROSS—On June 8th, 1925, at Kitchener, Ont., to Mr. and Mrs. M. Gross (Alberta Fisher, Brantford General Hospital, 1920), a daughter.

HALL—On March 11th, 1925, at Winnipeg, Man., to Mr. and Mrs. N. M. Hall (Ruby Taylor, Lady Stanley Institute, 1912), a daughter.

HOPGOOD—On June 28th, 1925, at the Royal Inland Hospital, Kamloops, B.C., to Mr. and Mrs. Harry Hopgood (Mary Howe, Royal Inland Hospital, 1923), a daughter.

McDOUGALL—On June 16th, at Milton, Ont., to Mr. and Mrs. C. Kenneth McDougall (Ada Spaulding, T.G.H., 1922), a son, James Kenneth.

SAUNDERS—On June 17th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Burt Saunders (Maud West, T.G.H., 1921), a son

WILLOWS—On June 20th, to Mr. and Mrs. C. E. Willows (Marie D'Altrie, T.G.H., 1919), a son.

MARRIAGES

ARMSTRONG—GRACEY—On June 23rd, at Knox College Chapel, Nora Gracey, (T.G.H., 1923), to Thomas Armstrong. Mr. and Mrs. Armstrong will live at Beamsville, Ont.

BROMLEY—STEPHENS—On June 17th, 1925, Ada Stephens (Brantford General Hospital, 1916), to Dr. James Bromley. Dr. and Mrs. Bromley will reside in Cayuga, Ont.

BUCHANAN — FREEL — On Saturday, June 6th, at St. Mark's Church, Niagara-on-the-Lake, Ont., by Rev. C. H. E. Smith, Caroline Bemis Freel (Mack Training School, St. Catharines, Ont., 1919), to Neil Donald Buchanan, of St. Catharines.

COTTANACK — CAMERON — On June 24th, at Alliston, Evelyn Cameron (T.G.H., 1922), to John A. Cottanack, of Toronto.

DENNENNY—QUESNEL—Annette Quesnel (Ottawa General Hospital, 1924), to Frederick Dennenny, of Ottawa.

GOURGEON—BERTRAND—Emma Bertrand (Ottawa General Hospital, 1920), to V. Gourgeon, of Ottawa.

LEWIS—MADILL—On June 22nd, at Vancouver, B.C., Vera Gladys Madill (Royal Columbian Hospital, New Westminster, 1923), to W. Wesley Lewis, of Edmons, B.C.

LOMBARDO—McLEOD—On May 28th, Alice McLeod (Brantford General Hospital, 1923), to Thomas A. Lombardo, of Patterson, N.J.

McGIBBON—LANGDON—On June 25th, at her home in Toronto, Catherine Langdon (T.G.H., 1921), to Findlay McGibbon.

NEIL — ROWDON — On Saturday, June 6th, at Toronto by the Rev. D. W. R. Taylor, Helen Rowdon (Mack Training School, St. Catharines, Ont., 1923), to David Taylor Neil, of Montreal, Que.

NEWBURY — MARSHALL — On June 22nd, at St. Barnabas Church, New Westminster, B.C., Mary Helena Marshall (Royal Columbian Hospital, New Westminster, 1921), to Thomas Newbury, of Nanaimo.

REID—DOUGLAS—On June 22nd, at her home in London, Ont., Laura Douglas (T.G.H., 1922), to W. H. Reid.

RUSCIANO—CARRUTHERS — Penninah Carruthers (Ottawa General Hospital, 1923), to Mr. Rusciano, of New York, N.Y.

SANDERS—WATTERSON — Lola Beauchamp (Ottawa General Hospital, 1923), to Dr. Sanders, of Ottawa. Dr. and Mrs. Sanders are residing at Arnprior, Ont.

SLATTERY—BROODER — Theresa Brooder (Ottawa General Hospital, 1920), to W. Slattery, of Ottawa.

TASSE—BEAULIEU—Emerance Beaulieu (Ottawa General Hospital, 1923), to Mr. Tasse, of Ottawa.

DEATHS

EXTON—On June 15th, at Victoria, B.C., Mrs. Edward Exton, of Alberni (N/S Erant, Winnipeg General Hospital, 1905).

McHARDY—On June 4th, at Brantford, Ont., Mrs. Robert McHardy (Minnie Smith, Brantford General Hospital, 1923).

RICH—On June 27th, at the City Hospital, Kamloops, B.C., Gertrude May Rich (St. Joseph's Hospital, Victoria), daughter of Mr. and Mrs. H. N. Rich, of Ladner, B.C.

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The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses' Association

Vol. XXI. WINNIPEG, MAN., SEPTEMBER, 1925 No. 9

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Acting Editor and Business Manager:—
JEAN S. WILSON,, Reg. N., 609 Boyd Building, Winnipeg, Man.

SEPTEMBER, 1925

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